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The Role of Care in Ethical Theory

by

Leanne Elizabeth Kent

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Arts.

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To the memory of Tiffany

Abstract

This thesis examines the role of care in ethical theory. I examine *Morals From Motives* in which Michael Slote argues that care, understood as an inner motivational state of the agent, provides the basis for ethical evaluation. The resultant theory is a pure agent-based form of virtue ethics. I draw on the work of Nel Noddings and others in order to assess Slote's claims, explicate the concept of care, and determine the proper location of care in ethical theory. I then argue that because caring agents aim at promoting the welfare of others, we need an understanding of the aim of care independent of an understanding of the inner motivational state of care. I suggest that care is good by reference to the role it plays in the good life. As such, the good life should be recognized as the fundamental ethical concept and should be further developed.

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Table of Contents

1. Introduction 1

2. Features of Care 5

3. Virtue Ethics 6

4. The Ethic of Care 11

5. Slote's Ethic of Care 14

6. Caring 26

6.1 Is Care, Itself, Ethically Good? 28

6.2 Agent-Basing and The Ethic of Care 31

6.2.1 Agent-Basing and the Risk of Excessive Self-Involvement 31

6.2.2 Is the Caring *Relation* Ethically Basic? 32

6.3 The Cognitive Component of Care 39

6.3.1 Motivational Displacement 40

6.3.2 Problems with Motivational Displacement 45

6.3.2.1 Motivational Displacement and Humanitarian Care 46

6.3.2.2 Motivational Displacement and Exploitation 48

6.3.2.2.1 Self-Other Differentiation 50

6.3.2.2.2 Basic Certainty 51

6.3.2.2.3 A Replacement Phase 53

6.3.3 Motivational Displacement and Slote's Ethic of Care 55

7. Keeping Care Morally Decent 61

7.1 Perverse Care 62

7.1.1 Perverse Humanitarian Care 62

7.1.2 Perverse Intimate Care 63

7.2 Assessment of Others' Perception of Their Good 66

8. Conclusion 77

Bibliography 80

1 Introduction

Since the Enlightenment, consequentialism and deontology have been dominant positions in ethical theory. For these theories, the moral worth of a particular action is determined by the application of moral principles. Ethical evaluation focuses on discrete acts of the agent. Judgments ought to be impartial and the principles ought to be universal. While these theories have played an important role in shaping our understanding of morality, they do have their shortcomings. Daniel Statman outlines some key criticisms raised against consequentialism and / or deontology.[1] First, the concept of duty is unintelligible without the existence of a recognized authority figure responsible for the creation and implementation of laws. Self-legislation cannot provide binding duties because those who make the rules can also change or excuse themselves from the rules. Moral duty, then, cannot be an intelligible concept outside a religious framework which recognizes the authority of a divine being.[2] Second, traditional approaches to morality face the problem of moral luck. We are responsible only for what is within our control. Yet, luck is an omnipresent fact of life. This means that we are held responsible for things that are not wholly within our control.[3] Third, this approach to morality effectively devalues the moral agent. Utilitarianism does not permit the agent to favour or pursue her interests unless doing so results in overall optimality. As such, this approach is too demanding and requires too much individual sacrifice. While Kantian morality does make concessions to the wellbeing of the agent, it does not place moral worth on the interests

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[1] Daniel Statman, "Introduction" in *Virtue Ethics: A Critical Reader* (Washington: Georgetown University Press, 1997), 2-7.

[2] This line of argument is found in Elizabeth Anscombe's "Modern Moral Philosophy," in *20th Century Ethical Theory*, eds. Steven M. Cahn and Joram G. Haber (Upper Saddle River, New Jersey: Prentice-Hall, 1995), 351-364.

of the agent herself. There are permissions to pursue one's own wellbeing, but one's wellbeing is of no moral worth since one will naturally pursue this in any case. Consequently, everyone else's interests become morally significant to the exclusion of one's own. This deprecates the moral agent.[4] Finally, there is dissatisfaction that the hallmark of moral agency is taken to be acting solely for the sake of universal moral principles. This fails to value interpersonal relationships and the virtues that sustain them. It demands that one care about principles rather than about people.

These and other criticisms of principle-based, act-centered approaches to moral theory have resulted in a renewed interest in virtue theory and virtue ethics. Virtue theory seeks to understand the role of virtues in ethical theory. Whereas *virtue theory* makes no suggestion as to the precise role virtue plays in ethical theory, *virtue ethics* holds that virtues play a primary role in ethical evaluation. Virtue is the fundamental concept for virtue ethics.[5]

While forms of virtue ethics may show promise in circumventing the shortcomings of principle-based, act-centered approaches, such theories face their own set of criticisms. Critics hold that formulations of virtue ethics fail to distinguish between doing the right thing and doing it for the right reason.[6] They also hold that there is no way to assess bad acts of good persons since evaluation is ultimately derived from the character of the

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[3] This line of argument is found in Thomas Nagel's "Moral Luck," in *20th Century Ethical Theory*, eds. Steven M. Cahn and Joram G. Haber (Upper Saddle River, New Jersey: Prentice-Hall, 1995), 573-582.
[4] Michael Slote raises these criticisms in "From Morality to Virtue," in *Virtue Ethics: A Critical Reader*, ed. Daniel Statman (Washington: Georgetown University Press, 1997), 128-144.
[5] This distinction is made by Julia Driver in "Moral and Epistemic Virtue" in *Knowledge, Belief, and Character: Readings in Virtue Epistemology*, ed. Guy Axtell (Lanham, Maryland: Rowman & Littlefield, 2000), 124.
[6] Michael Slote addresses this objection in *Morals From Motives*, (Oxford: Oxford University Press, 2001), 13-14.

agent.[7] Critics also claim that the purpose of moral theory is to provide what is needed to guide and assess acts. Since virtue ethics focuses on inner states of an agent, it can tell us nothing by way of what we should do. The task of virtue theorists, then, is to develop a virtue theory that avoids the shortcomings of consequentialism and deontology while remaining sensitive to the objections raised by critics of virtue ethics.

The larger project of the virtue theorist is to make headway in determining whether virtue ethics provides plausible theoretical alternatives and if so, what kind of formulation is the most plausible. This is, of course, a huge project. Therefore, my project will be to analyze one particular formulation of virtue ethics. This analysis will consider Michael Slote's theory. Slote's project is to develop a pure *agent-based* ethical theory. This is a form of virtue ethics whereby "the moral or ethical status of actions [is] entirely *derivative* from independent and *fundamental* ethical / aretaic[8] facts (or claims) about the motives, dispositions or inner life of moral individuals."[9] Slote diverges from the dominant Aristotelian tradition since he feels it lacks the resources from which a pure agent-based ethical theory could be developed. He takes the motive of care as the fundamental aretaic fact that provides the basis for ethical evaluation. Slote argues that a complete ethical theory can be developed based on the moral motivation of care. Critically assessing Slote's claims will suggest a direction for further work on the virtues.

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[7] This objection can be found in Robert Louden's "On Some Vices of Virtue Ethics" in *Virtue Ethics: A Critical Reader*, ed. Daniel Statman (Washington: Georgetown University Press, 1997), 180-194.
[8] Aretaic facts (or claims) are claims about what is admirable, morally good, or virtuous. This can be contrasted with deontic facts (or claims) which are claims about what is right and wrong, morally permissible or obligatory. Michael Slote makes these distinctions on pages 4 and 7 of *Morals From Motives*.
[9] Michael Slote, *Morals From Motives*, 7.

In order to assess Slote's theory we must first be clear on a number of related concepts. We need to outline the fundamental features of care. Second, we need to be clear on what virtue ethics is. Finally, given that there are affinities between Slote's work and the work done on what has come to be known as 'the ethic of care', it would be helpful to be familiar with key claims found in this ethic of care literature. Each of these components – the fundamental features of care, virtue ethics, and the ethic of care will figure prominently in discussions of Slote's ethical theory. As such, we need clarity from the outset regarding each of these pieces. Thus I will begin by providing a brief overview of each of these topics.

After providing an overview of the fundamental features of care, virtue ethics, and the ethic of care, I will outline Slote's pure agent-based theory founded on the moral motivation of care. Once these steps have been taken, we will be in a position to look critically at key features of Slote's project. I will explicate the concept of care and review some objections to basing an ethical theory on this concept. Next, I will evaluate the claim that the caring *relation* is ethically basic. I will argue that since the caring relation is based upon reciprocity, and since there are instances of morally meritorious care which lack reciprocity, it is not the caring relation that is ethically basic. Rather, care, understood as an internal state of the agent, is the morally relevant sense of care. I will then analyze the central feature of care, which is a concern for the good of the other. This concern has both affective and cognitive components. I will argue that motivational displacement is required by the cognitive component but only for intimate caring since the kind of good sought in intimate caring is different from that sought in a broader form

of humanitarian caring. Finally, I will look at a variety of ways by which caring could go awry. Some potential problems can be dealt with by attending to the necessary conditions for care. However, as we shall see in section 7.2, a problem arises in cases where people seem to be mistaken about what is in their interest. That problem may be resolvable only by invocation of external criterion. Such a solution requires that we undercut the pure agent-basing aspirations of Slote. I suggest that this external criterion should be a general conception of what a full and good life is for humans. Care is an essential component of the full and good human life. I argue that it is the fundamental importance of care to a full and good human life that lends credence to the common intuition that caring for others is good in its own right. However, we must recognize that it is the concept of the full and good human life which conceptually grounds our intuition that care is good. As such, ethical theory must directly address the concept of the full and good human life.

2 Features of Care

The concept of care will figure prominently in the following discussion. Thus, it will be helpful to provide a rough outline of some of the general features of care from the outset.[10]

1. Care is directed towards a particular object. When one cares, one cares *about* someone or something. There is something specific that is cared for. This could be another person, an idea, a possession, or a state of affairs.

[10] Since I have yet to make a distinction between ethical and non-ethical care, these general features of care apply to all or any instance of care.

2. The object of care is of importance to the one who cares. To care about something is to regard it as important or valuable.
3. When one cares, one is concerned for the wellbeing of the thing cared about.
4. When one cares, one identifies with or is invested in the object of one's care.
5. Care has both affective and cognitive components.
    a) The one who cares is affectionately disposed toward the object of care. One feels for / with the object of care. There is emotional involvement. If the object of care is faring well, then one who cares will be pleased. If the object of care is not faring well, then one who cares will not be pleased. Thus, the state of what one cares about affects the one who cares.
    b) One must know many things to care. One must know what is good for the object of care. One must also know facts about the world which impact the object of care. This requires perception and attentiveness.
6. Genuine care tends to motivate caring behaviour. One will take action to promote the good of the object of care and will refrain from action that harms it. Caring behaviour, however, is not sufficient for care since the behaviour must be motivated by the appropriate feeling.

3 Virtue Ethics

Virtue is not a new concept in ethical theory. A focus on character and virtue may be found in the ancient writings of Plato and Aristotle. While post-Enlightenment ethical theories focus on acts and principles rather than on virtues, this shift in focus did not render virtues obsolete. Rather, this shift accorded virtues a derivative rather than a

primary place in ethical theory. For such theories, virtues are those character traits which aid in realizing the right or the good. Virtue, then, is a secondary concept understood and defined in reference to the pre-determined 'good' or 'right'. For example, direct utilitarianism defines the good in terms of pleasure. Thus, character traits that promote this good are virtues. While some theories understand virtues by their instrumental relation to the 'good' or the 'right', others, such as Aristotle, understand a non-instrumental relation between virtues and the good. For Aristotle, the good or well-lived life is desired for its own sake and never for the sake of something else. As such, it is the chief good. He further claims that virtues are valued both for their own sake and also for the sake of the good or well-lived life.[11] Virtuous activity is partly constitutive of the good or well-lived life, but since we also desire virtue for its own sake, the relation between virtue and the good or well-lived life is not purely instrumental. Aristotle gives virtue a stronger role in ethical theory than does utilitarianism. However, there are some who wish to give virtue an even stronger role in ethical theory. Michael Slote claims that virtue should be the fundamental moral concept from which all ethical judgments are derived. Thus, judgments of right and good are to be derived directly from the primary concept of virtue. This, then, would be a pure agent-based form of virtue ethics.[12]

There are a number of different formulations of virtue ethics. Different formulations are committed to different substantive claims. As such, we must distinguish feature(s) strictly necessary for a theory to be considered a form of virtue ethics from features

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[11] Aristotle, *Nichomachean Ethics*, 1097b.
[12] Michael Slote, *Morals From Motives*, 5.

which are merely common to various formulations of virtue ethics. To begin, then, let us determine the necessary feature(s) of virtue ethics.

There are three main concepts in ethical theory: the good, the right, and virtue. A complete ethical theory will address each of these concepts. Types of ethical theories can be distinguished by which term is primary. If the right or the good is taken as primary the theory is deontological or consequentialist respectively. If we follow this method of classification, then a theory will be a form of virtue ethics if virtue is the primary concept.

A necessary condition for a theory to be a form of virtue ethics is that it takes virtue as primary. However, it is not clear what conditions must be met for a concept to be primary. Some claim that the primacy must be one of definition while others claim that the primacy is one of value. Gerasimos Santas describes definitional priority as follows, "One thing is prior in formula (definition) to another if and only if the one is mentioned in the definition of the other but not the other in the definition of the one."[13] If virtue is to be definitionally prior, then virtue must be referred to in defining the good and the right, but the good and the right cannot be referred to in defining virtue.

An alternate interpretation of priority contends that virtue is prior in value rather than in definition. While virtue may not be explicable wholly independent of the good life, the relation between virtue and the good is internal rather than external. Virtue is understood not as a means to attain a pre-determined 'good' state of affairs, but rather, virtue is

[13] Gerasimos X. Santas, "Does Aristotle Have A Virtue Ethics?," in *Virtue Ethics: A Critical Reader*, ed. Daniel Statman (Washington: Georgetown University Press, 1997), 262.

constitutive of the good life. Virtue remains a fundamental moral concept. As such virtue retains its primacy although it is not a definitional primacy.

For an ethical theory to be a species of virtue ethics it must take virtue as primary. What will qualify as a form of virtue ethics depends upon what sense we want to give to primacy in the claim that virtue is primary.

Slote wants to develop a pure agent-based account of virtue ethics. For a theory to be agent-based it must, "[treat] the moral or ethical status of acts as entirely derivative from independent and fundamental aretaic (as opposed to deontic) ethical characterizations of motives, character traits or individuals."[14] This definition of agent-basing meets the conditions for both priority in definition and priority in value; virtue is the concept from which all else is derived and is also the concept which is of fundamental importance. Consequently, we do not need to resolve the issue of what sense we want to give to primacy in order to know that Slote's theory is a form of virtue ethics.

I have claimed that taking virtue as primary is a necessary condition for an ethical theory to be a form of virtue ethics. This claim can be strengthened. Taking virtue as primary is both necessary and sufficient for an ethical theory to be a form of virtue ethics. If a theory is a form of virtue ethics then it must take virtue as primary and if there is a theory such that virtue is primary then it is a form of virtue ethics. Distinguishing ethical theories by reference to the term taken as primary is a distinction based on the structural

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[14] Michael Slote, *Morals From Motives*, 5.

features of the theory alone. Defining virtue ethics by its structural composition is advantageous in that it does not mistake features that are merely common to accounts of virtue ethics for essential features of virtue ethics. This, then, provides the conceptual space for unorthodox formulations to enter.

There are two substantive claims that are frequently taken to be necessary features of virtue ethics. While these claims may only be found in an ethic of virtue, this does not mean that they are necessary for an account to be an ethics of virtue. One is that a moral exemplar is used as a method of evaluation for acts or choices. An act or choice is good / right / admirable if and only if it is what the exemplary character would do in the circumstances. The other is the assumption that any formulation of virtue ethics must rely on some conception of the good life. Such an account will posit an internal relation between virtues and the good life. The good life is not something separate from the virtues; instead it is comprised of virtuous activity and cannot be understood apart from an understanding of the virtues. While these latter two features appear in many formulations of virtue ethics, they need not be understood as necessary features of virtue ethics by appeal to the definition of virtue ethics itself. Given that taking virtue as primary is both necessary and sufficient for an account to be a virtue ethics account, and given that neither the use of a moral exemplar for evaluation nor the understanding of virtue as having a constitutive connection to the good life immediately follows from the claim that virtue is primary, there is no reason to hold that these are necessary features of virtue ethics.

4 The Ethic of Care

Michael Slote does not invoke the good life or a moral exemplar in his agent-based formulation of an ethic of virtue. Instead, Slote takes the moral motivation of care as the fundamental aretaic fact that provides the basis for ethical evaluation. Slote argues that a complete ethical theory can be developed from this conception of care. The idea that care is a fundamental ethical concept has arisen in other contexts. Carol Gilligan and Nel Noddings are the progenitors of what has come to be known as 'the ethic of care'. Their work has generated much discussion on the role of care in ethical theory. While Slote does not model his theory upon the work done in this area, there are affinities between these two projects – most notably the emphasis each places on the moral value of care, and the value each gives to interpersonal relationships in ethical theory. An awareness of key claims found in the ethic of care literature will aid in situating and evaluating Slote's theory.

In 1982, Carol Gilligan claimed, based on her studies, that characteristically women speak in 'a different voice' from men when facing moral dilemmas. Characteristically, women focus less on abstract principles and more on relations and the particularities of the situation.[15] In 1984, Nel Noddings defended a feminine ethic of care (which is by no means limited to women).[16] Noddings presents caring as a moral ideal. The caring individual is one who responds directly to the other rather than conforming actions to

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[15] Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge: Harvard University Press, 1982), 19.

[16] Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley: University of California Press, 1984), 2. Noddings claims, "The view to be expressed here is a feminine view. This does not imply that all women will accept it or that men will reject it; indeed, there is no reason why men should not embrace it. It is feminine in the deep classical sense – rooted in receptivity, relatedness, and responsiveness."

mediating principles.[17] Caring individuals are attuned to the particularities of the situation and the other.[18] They can 'engross' themselves in the other's situation by putting aside their substantive commitments and views; they can receive the other on the other's terms.[19] This caring ideal explicitly rejects reasoning from principles since this inhibits the direct response to the other required by care.[20]

Both Gilligan's and Nodding's works are widely recognized as landmark pieces of work in ethical theory. Their import lies primarily in challenging key assumptions of traditional moral theory rather than in providing comprehensive alternative ethical theories. Both challenge assumptions that have dominated ethical theory since the Enlightenment; these assumptions include that moral theory ought to be concerned with discrete acts of the agent, that moral theory is universal, and that moral theory is about discovering / formulating principles which can be used to guide and assess acts of agents.

Through her research, Gilligan noted that women tend to score lower than men on the standard Kohlbergian scale which measures moral maturity. Instead of concluding that women tend to be morally deficient, Gilligan concluded that the scale, itself, is deficient. The Kohlbergian scale fails to recognize and validate moral reasoning done from a relational perspective, the perspective most often heard through women's voices. Through these voices Gilligan traced the development of the relational moral perspective. This perspective is distinct from the perspective which advocates reasoning from

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[17] Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, 5.
[18] Ibid., 24.
[19] Ibid., 16-17, 19, 24.
[20] Ibid., 5.

universal moral principles. This alternate moral perspective focuses on relationships and responsibilities rather than on autonomy and rights. The Kohlbergian scale of moral development fails to recognize and validate this relational perspective as a legitimate part of mature moral agency. Gilligan does not attempt to formulate a complete and systematic ethical theory. Rather, her work challenges the assumption that the pinnacle of moral judgment is reasoning exclusively from abstract universal principles. Gilligan claims neither that a relational perspective is superior to the traditional perspective nor that a relational ethics can stand on its own as a distinct kind of morality. Instead, she advocates an integration of both perspectives. Gilligan's project challenged the assumptions built into the traditional theories of moral development and uncovered this alternate moral perspective. This development had important implications for ethical theory. However, we must note that Gilligan's work is not and was not intended to be a complete and systematic ethical theory.

Noddings goes further than Gilligan. She not only recognizes and defends the existence of an alternate moral perspective but she also provides what is, in many respects, an alternate ethical theory based on caring relations between intimates. However, as critics have pointed out, this theory is incomplete since it is unable to tell us anything about what is owed to strangers.[21] Given that our policies and actions have far reaching consequences for those in other parts of the world, this lack is a serious defect. It does not appear that care can tell us anything about what is owed to strangers. So, it is argued, a complementary account of justice is required. In light of this, Noddings later entertains

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[21] Hilde Nelson raises this concern in "Against Caring," *The Journal of Clinical Ethics* 3 (1) (1992): 10. Claudia Card also raises this concern in "Caring and Evil," *Hypatia* 5 (1990): 102-105.

the possibility that care may need to be combined with justice for an adequate ethical theory.[22]

The work of both Gilligan and Noddings has prompted discussion and development of the ethic of care. While precise formulations differ somewhat depending on which author one credits, there are some characteristic features of the ethic of care. They are as follows: An ethic of care

- takes interpersonal relationships as central.
- is based in the connection between persons.
- entails a focus on particularities of persons and situations.
- rejects reasoning governed by abstract principles.
- rejects the impartial moral perspective.
- emphasizes inter-dependency of persons.
- promotes empathy.

5 Slote's Ethic of Care

In *Morals From Motives*, Slote develops a pure agent-based theory that takes the motive of care as the fundamental concept. The ethical status of an act is wholly a function of the ethical status of its generative motive. The act must exhibit, express, or reflect the inner virtuous state in order to count as admirable or virtuous.[23] For Slote the relevant inner virtuous state is care. Since care, understood as an inner motivational state, is the primary concept, an ethic of care can fit the criteria for a pure agent-based theory.

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[22] Nel Noddings, "A Response," *Hypatia* 5 (1990): 120.
[23] Michael Slote, *Morals From Motives*, 7.

Slote contends that care is the benchmark from which actions should be assessed. Actions which reflect the motivation of care are morally good or praiseworthy. This, however, does not mean that having merely good intentions is sufficient to be a morally praiseworthy agent. The proper object of care is the good of the other. The agent acting out of care is one who obtains the relevant information in order to act in a manner that promotes the good of the other. The motivation of care impels one to gather this information so as not to act out of ignorance. Thus, Slote argues, the bungling do-gooder is not a genuinely caring individual since such an agent negligently fails to acquire the information required to truly act for the good of another.

Slote claims that care provides the basis by which actions can be assessed. However, he argues, an act is less worthy if it is guided by reflection on a principle of care since care demands direct response to the other. Acts mediated by principles reflect a diminished sort of caring since attention to principles severs the connectedness between individuals that Care[24] takes as central. The motivation of care is taken as morally praiseworthy.

Clarification of Slote's claims can be accomplished by invoking terminology of first and second-order motivation. For Slote the morally praiseworthy motivation of care is a first-order motivation. When one acts from a first-order motivation of care, one is directly motivated to act for the good of the other. It is this direct response that is morally praiseworthy. When one responds directly to the other, one neither reflects on the value of care nor acts as one does because caring requires it. If one exhibits caring behaviour

[24] Care with a capital C refers to ethical theories based in the concept of care rather than the concept of care itself. Unless otherwise indicated, care refers to the concept of care.

because, after careful reflection on the value of first-order care, one deems caring actions to be good, one would be acting on the second-order motivation of care. One's response is not direct but rather is mediated by consideration of the value of first-order care. For Slote, it is the first-order motivation of care that is morally praiseworthy.

A complete system of morality must say something about relations to those we do not know intimately. To address this, Slote draws a distinction between *intimate* caring and *humanitarian* caring. Whereas intimate caring requires a deep knowledge of the particular other, caring for persons one does not know (humanitarian care) cannot require the same knowledge of particulars. Humanitarian caring, then, has different characteristics than intimate caring. Persons tend to have a number of intimate caring relationships. As such, there must be a balance between one's intimate cares. If one's cares are balanced, then one pays sufficient attention to each care and does not forsake one care for another.

Slote illustrates the concept of balanced care for intimates through an example of a father who has two children, one of whom is severely disabled. If we suppose that the most good could be achieved by the father's devoting all his time to only one of his children, it does not follow (from a care perspective) that this is what he should do. Rather, care demands balance. As such, the father would devote time and resources to the other child even if this does not maximize the overall good. This balancing of cares does not call for a strict equality in the allotment of resources between those cared about. There is no

formula to tell who gets how much. Rather, the psychology of care will naturally impel an appropriate balance between cares.[25]

Whereas maximizing the aggregative good is grossly inappropriate for care between intimates, it is appropriate for humanitarian caring. In humanitarian caring one wants one's efforts and resources to effect the most good overall since one does not have attachments to any particular individual. Thus, if one sends financial aid to a war-torn region, one hopes that one's money will do the most good for the most people. Whereas one's intimate cares are to be balanced, humanitarian care can be governed by the principle of utility. The goal of humanitarian care is to have one's energies and resources effect the most good overall.

Slote argues that Care requires one to care for both intimates and for humanity in general. Just as care between intimates is to be balanced, so too must there be a balance between intimate and humanitarian cares. One does not forsake humanitarian care in order to devote all one's energy and resources to those one cares about on an intimate basis. Nor does one forsake maintaining close personal relationships for exclusively humanitarian causes. Distinguishing between intimate and humanitarian care, Slote argues, makes plausible a complete ethical theory based on care.

In chapter four, Slote outlines how sentimentalist deontology and accounts of social justice can be derived from the primary concept of care. Slote claims that because

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[25] Michael Slote, *Morals From Motives*, 67-68.

deontology has a strong hold on our moral intuitions, any agent-based virtue ethic must address this.[26] Slote argues that a substantial deontology can be developed by reference to the motives expressed in certain acts. Proscriptions such as 'do not kill' can be formulated from the basis of care since killing others (in a way that harms them[27]) is indicative of an indifference to their wellbeing. This indifference is antithetical to care; acts which reflect motives antithetical to care can be deemed wrong.

Intimate and humanitarian care addresses relations between persons. However, a complete ethical theory must also provide an account of social justice – that is how we relate to larger entities such as countries and institutions. Slote claims that this can be handled within an agent-based framework. To do this he draws analogies between the intimate and humanitarian care already described. With respect to how we should relate to countries, Slote notes:

> [There] is a certain parallelism between motives in relation to larger entities and motives that concern particular individuals. For just as we are morally supposed to care more about individuals who are "close" to us, we are supposed to love or care about our own country more than other countries, and just as it is morally deplorable not to have a substantial concern for human beings generally, it is objectionable to treat the fate of other nations as a matter of attitudinal indifference.[28]

From this Slote argues that because we praise those who love their own country more than other countries, we also praise those who put ahead of personal concerns important political concerns dealing with the welfare of their country.[29] Slote argues that care for

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[26] Ibid., 79.
[27] Adding the clause 'in a way that harms them' leaves open the possibility that one could kill another out of care for the other. Mercy killing may be an example of this.
[28] Michael Slote, *Morals From Motives*, 94.
[29] Ibid., 95.

one's country can take precedence over care for one's friends and family because, when the stakes are high enough, a moral shift takes place. This moral shift allows one to override of what is otherwise demanded by care. When significant public or political issues are at stake, the normal balance between intimate and humanitarian care is overridden. Thus, if one's country is threatened, both intimate and humanitarian care can be overridden in order to secure the interests of the country.

Next, Slote draws an analogy between the relation societal institutions have to the members of society, and the relation of individual acts to their agent. He argues that if we understand laws, customs, and institutions of a society as the actions of the society, then they can be assessed in much the same way as actions of an individual can be assessed. That is, if customs, laws, and institutions reflect good motives on the part of those who create, implement, or maintain them, then, according to Slote, they can be said to be just. For Slote, laws are just when the motive they reflect is a concern for social wellbeing.[30]

Slote concludes that by taking care as the primary virtue, a comprehensive ethical system can be derived that accounts for both persons whom we relate to on an intimate basis and strangers. By locating the moral worth of actions in their motivations, a sentimentalist deontology can be developed since some acts necessarily express motives antithetical to care or concern. Such acts can be deemed necessarily wrong. Further, Slote argues that Care provides the means for assessing institutions and laws. Thus deontology, justice

[30] Ibid., 99-102.

considerations, and appropriate relations to strangers and humanity in general can be derived from the basic moral motive of care. Further, such a concept sees intimate relationships as not only permissible, but also as morally praiseworthy. Thus far, Slote has explained the structure of an agent-based ethic of care. However, he has not yet explained what reason we have to care. In part two of *Morals From Motives*, Slote endeavors to show that it is rational to be moral. He argues that the moral virtue of care is necessary for a good life, but the moral virtue of care is neither grounded in nor dependent upon a conception of the good life. Slote believes that caring has been shown to be intrinsically good apart from considerations of the role it plays in the good life.

The second part of Slote's book aims at explicating the connection between wellbeing and virtue. Slote feels that this connection must be accounted for in any large-scale ethical theory.[31] For Slote, the moral virtue of care can be understood independent of wellbeing. This, however, is not to say that there is no connection between the two concepts. Slote identifies two common ways that this connection has been made.

First is the reductionist strategy employed by utilitarians. Utilitarians reduce the concept of good to the concept of wellbeing where wellbeing is understood in a naturalistic and value-free way.[32] The virtuous is that which tends to promote the good. The good is that which promotes the interests of the agent. The interests of the agent are understood in terms of preference-satisfaction or pleasure / pain. Utilitarians understand 'higher' values such as rationality, morality, and what is admirable in terms of 'lower' values of pleasure

[31] Ibid., 142.
[32] Ibid., 143.

and pain. Slote finds this reductionist strategy problematic since by reducing virtue to wellbeing, and by then reducing concepts of wellbeing to naturalistic concepts of desire-satisfaction or pleasure / pain, there is no way to retain a distinction between higher and lower ethical values. Slote claims that higher values of rationality, morality and what is admirable in other spheres, express ideals that are importantly different from mere enjoyment or health.[33] Agents are praised for exhibiting these higher values, but there is no such praise for exhibiting the lower values. Morality and rationality are admirable capacities which are highly evolved. Yet these capacities exceed requirements for wellbeing. By so reducing everything to desire satisfaction or pleasure / pain, we lose any ability to account for the distinction between higher and lower ethical values.[34] For Slote, an ethical theory must make room for this intuitively important distinction. Thus, he rejects the relationship between virtue and wellbeing posited by utilitarian reductionism.

The second way of understanding the relation between virtue and wellbeing is the reverse of the reductionist strategy employed by utilitarians. Slote terms this 'elevationism'. This consists in understanding the 'lower' values of wellbeing or self-interest in terms of the 'higher' ones of rationality and virtue. Stoicism is an historical example of elevationism that holds that if one is fully virtuous no changes in worldly circumstances could adversely affect one's wellbeing. As such, a virtuous person laid out on the rack will suffer no diminution of her wellbeing. This sort of elevationism posits a strict coincidence between virtue and wellbeing.

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[33] Ibid., 144
[34] Ibid., 142-145.

Slote outlines a different kind of elevationism which, while maintaining the general idea that virtue is important to wellbeing, denies that virtue, itself, is sufficient for wellbeing. This, then, avoids the implausible consequences of Stoicism. Slote advocates a form of elevationism whereby, "every element of human well-being must be compatible with or involve at least some *part* of virtue or one or another *particular* virtue."[35] So virtue is necessary but not sufficient for human wellbeing. Whereas it is unintelligible for Stoic elevationism that the consumption of stolen bread by a thief could be considered a good for the thief, this alternate form of elevationism can make this an intelligible claim. Slote claims that moderation with regard to appetitive pleasures and enjoyments is intuitively known to be a virtue. If the thief demonstrates moderation in consuming the bread then, according to Slote, this may be a good for the thief. At the same time Slote can deny that the thief is a wholly virtuous agent. This, then, retains the close relationship between virtue and wellbeing while denying the implausible consequences of positing a strict coincidence between the two.

Next Slote looks at the elements of human wellbeing. There are many historical examples of objective lists which outline basic human goods. Slote argues that these lists consist in little more than intuitions. However, Slote continues, by following his elevationist account of the relation between virtue and wellbeing, it can be claimed that basic human goods must take part in specific virtues – either moral or rational. This, then, provides criteria for something to be on the list. Slote claims that this is a more

[35] Ibid., 154.

systematic approach than those that provide a list of human goods on the basis of sheer intuition.

After claiming that basic human goods are partially dependent upon virtue, Slote goes on to develop an account of agent-based practical reason. Practical reasoning is not simply instrumental reasoning which determines what means will produce certain ends. "[It cannot] depend on how much a certain action or disposition will (expectably) benefit a given agent [because this would invoke] assessments of (the agent's) wellbeing . . . *prior* to claims about her rationality and [would] in effect *ground* such claims."[36] Slote rejects such consequentialist accounts of practical reason and instead opts for an account whereby rationality is determined by the structure of the inner state of the agent. The criteria, then, for an internal state to be rational is non-self-defeatingness or a sort of coherence or consistency. Slote posits four rational virtues. They are: non-insatiability, strength of purpose, non-self-deceptiveness, and self-concern. Understanding rationality as a feature of internal states, Slote insists, does not mean it is incapable of handling means-end rationality which is often taken to be, if not the whole, at least a very important part of practical rationality. This, he argues, can be done by placing instrumental rationality under the larger motivational virtue of strength of purpose which requires both that one retain one's purposes and also that one act on them.

Next Slote ties practical reason to self-interest and shows how it is rational to be moral. He argues that a certain amount of self-concern is required for one to retain the rational

[36] Ibid., 170.

virtue of strength of purpose. To be rationally self-interested is to possess an inner motivation to act out of concern for one's wellbeing. Slote claims, "[there is an important distinction] between acts whose consequences are expectably best or good for the agent and acts motivated by an agent's concern for her own (greatest) wellbeing."[37] By understanding rational self-interest in terms of the latter, Slote has provided an agent-based account of self-interest. Slote claims that we have intuitive reason to hold that a lack of self-concern is inherently irrational. Consequently, he argues, an agent-based theory of practical reason can include the particular motive of self-interest or concern for one's own long-term wellbeing among the necessary requirements of rationality. According to Slote, since self-interest is a concern for having or obtaining a full and good life for oneself, and since a full and good life includes friendship and love, and since friendship and love stem from the motive of care, this provides a rational self-interested reason to be moral.

Slote's summary of how practical rationality relates to the moral virtue of care is as follows:

> So our argument thus far, if successful, shows that practical rationality requires that each person be concerned with having / attaining a full and good life, but also be capable of (exemplifying a) psychological balance between such self-concern and two kinds of non-instrumental concern (or care) about the well-being, the good lives, of others: concern for (the group of) those near and dear to the person and concern for (the class of) those whose larger association with the person makes possible the goods of community and social groups generally.[38]

Agent-based practical reason requires a balanced concern for both self and others. Slote argues that this account of practical reason need not be action-guiding or conscientious.

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[37] Ibid., 182.

It is better, he claims, simply to seek a full and good life for oneself and to directly care for others than to spend time considering and trying to act by these principles. The role of expounding a theory of practical rationality is primarily evaluative. Thus, according to Slote, this theory can be used as a basis to assess actions, but it is not required that one be guided by the theory itself.

Slote concludes his discussion by arguing that all the basic elements of human wellbeing can be explained in terms of his overall conception of morality and rationality. Elevationism imposed the criteria that for something to be a human good it must exhibit or express a virtue. Slote's account identified four rational virtues and three moral virtues. The rational virtues are non-insatiability, strength of purpose, non-self-deceptiveness, and self-concern. The moral virtues are intimate caring, humanitarian caring, and care for country (or some other appropriate political unit). Given these virtues and given that human goods must correspond to these virtues, Slote can now identify the basic human goods. They are various appetitive and sensuous goods of pleasure, achievement, wisdom about deep matters, self-esteem / self-worth, love and friendship, shared humanity, and political participation.

Slote has developed an agent-based account of morality based on the moral motivation of care. He has argued that the relation between virtue and wellbeing lies in the elements of wellbeing exhibiting a virtue. He argues for an agent-based account of practical reason whereby rationality is understood in the coherence or non-self-defeatingness of an inner

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[38] Ibid., 187.

state. He claims that self-concern is intuitively known as a virtue and that self-concern is an inner motivational state that seeks to secure or create a good life for oneself. Insofar as goods correspond with virtues and insofar as the goods of love and friendship correspond with the virtue caring, Slote claims that we thereby have a reason to be moral.

6 Caring

Given this summary of Slote's ethic of care, we must now go back and examine key points. First, it must be determined whether Slote's starting point – that care is, itself, ethically good and, as such, provides a plausible basis for an ethical theory – is justified. While some deny this claim, this denial stems from a failure to heed the distinction between ethical and non-ethical care. This distinction is grounded in the core feature of care: concern for the good of the other.

Second, Slote contends that the concepts espoused in an ethic of care are best defended from an agent-based framework. Adopting an agent-based framework means that the moral worth of an act is determined by reference to relevant qualities of the agent – be they motives, dispositions, or character. There are two potential problems with developing an ethic of care within an agent-based framework. First, there is a concern that by understanding care as an internal state of the agent, agents will be more concerned with their character traits than with other people. This cuts against care. Second, it is claimed that it is the caring *relation* that is ethically basic. This is incompatible with an agent-based framework since relations are not qualities of the agent.

For Slote to develop an ethic of care within an agent-based framework he must deny that agent-basing entails excessive self-involvement, and he must deny that the caring relation is ethically basic. Thus, we must examine each of these claims. We need to determine whether agent-basing demands that one be concerned primarily with one's own character. We need also to determine which is more basic – the caring relation or the caring motivation. Thus, we must examine the basis for the claim that the caring relation is ethically basic and determine the plausibility of this. If it can be shown that non-relational instances of care are morally admirable, and if it can be shown that agent-basing does not entail an excessive concern for one's character traits, then this will lend support to Slote's agenda of developing Care along agent-based lines.

Finally, taking concern for the good of the other as the central feature of care raises the problem of how one comes to know the good of the other. This will require having a deep knowledge of the other. Slote claims that we must be attentive to facts in the world that will impact on the other's good and be sympathetic to the point of view of the other.[39] However, Slote does not give much more by way of an account of this knowledge acquisition process. Other writers have provided more in-depth accounts of this process.[40] For a complete understanding of the concept of care, the accuracy and necessity of such accounts must be determined. If these accounts are deemed accurate and necessary, we must then determine whether they are consistent with Slote's overall theory.

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[39] Ibid., 131.

[40] Accounts have been provided by Nel Noddings in *Caring: A Feminine Appraoch to Moral Education*, Milton Mayeroff in *On Caring* (New York: Harper and Row, 1971) and Lawrence Blum in *Friendship, Altruism, and Morality* (London: Routledge and Kegan Paul, 1980).

6.1 Is Care, Itself, Ethically Good?

According to Slote, caring is morally good apart from the consequences it tends to effect. This, he claims, is intuitively obvious and, as such, provides a plausible basis for an ethical theory.[41] To determine whether this starting point is justified, we must first be clear about what kind of thing care is. The central feature of care is that it takes the good of the other as its object. In almost all accounts of caring and care-related concepts (such as sympathy, love and benevolence) is the recognition that care is directed towards the good of the other. Robert Brown claims, "[love] implies wishing to benefit the person and advance the person's welfare."[42] Lawrence Blum characterizes this as a concern for the weal and woe of the other.[43] Slote sees a concern for good consequences as an essential aspect of caring. He states, "I think concern with welfare is the essential and required moral element in the intimate caring we think is morally incumbent on us vis-à-vis near and dear."[44] Concern for the good of the other is the core aspect of caring.

While Slote thinks this provides an intuitively plausible basis for an ethical theory, there are others who do not share this intuition. There are some who deny the claim that caring is, itself, good. Harry Frankfurt denies that caring is a moral term.[45] Peter Allmark claims that the moral worth of caring is a function of the worth of the thing cared about. As such, caring itself is not a moral concept.[46] Janine Boyer and James Nelson claim,

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[41] Michael Slote, *Morals From Motives*, 38.
[42] R. Brown, *Analyzing Love*, (Cambridge: Cambridge University Press, 1987), 30.
[43] L.A. Blum, *Friendship, Altruism, and Morality*, 23-24.
[44] Michael Slote, *Morals From Motives*, 70n.
[45] Harry Frankfurt, "The Importance of What We Care About" *Synthese* 53 (2) (1982): 258.
[46] P. Allmark, "Can There Be An Ethics of Care?," *Journal of Medical Ethics* 21 (1995): 22-23.

"caring, after all, seems necessarily to be caring about something and to take at least some of its value from the object to which it is directed."[47] Similarly, Hilde Nelson claims,

> To care, after all, is to care about something – a child, perhaps, or one's stock portfolio, or white supremacy . . . Caring can be (and has been) blind and indiscriminate, and there is nothing within the concept of care itself that can regulate its force or direct it toward worthy objects.[48]

This, then, makes possible morally disastrous caring. One could care about wiping out a certain segment of humanity. However, we would deny that this is an instance of morally meritorious care. These considerations suggest that caring, itself, may not be morally meritorious. Rather, caring may need to be guided by some other consideration(s) in order to ensure the moral worth of the caring process. Given these claims about caring, we must examine the initial claim that caring is, itself, morally good.

If we accept that concern for the good of the other is the central feature of care, it then follows that the other who is the object of care must have a good independent of the one-caring. This precludes from the realm of the morally considerable things that do not have an independent good. Thus ideas and things cannot be cared about *in their own right*. We do, however, care about things that do not possess an independent good, such as objects, ideas and ideals. There may be some similarities between the care that is directed toward those who have an independent good and the 'care'[49] directed at inanimate objects, ideas, and ideals. Caring about an idea or a thing frequently involves devoting one's time and energy to this inanimate other. There may also be an affective

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[47] Jeanine Ross Boyer, and James Lindemann Nelson, "A Comment on Fry's 'The Role of Caring in a Theory of Nursing Ethics,'" *Hypatia* 5 (3) (1990): 154.
[48] Hilde Nelson, "Against Caring", 9.

component in this type of caring. One can be elated or saddened by the state or condition of this other thing even though it does not possess a good of its own. This kind of caring I will term non-ethical caring.[50] There does not seem to be any restriction on the object of care. This kind of caring could be directed towards morally suspect things. This is a different kind of caring from that which is proposed as the basis for an ethical theory. Ethical care is the care that occurs for beings that, themselves, possess a good.[51] Slote makes this distinction when he claims that the starting point for his theory is the intuitive obviousness of caring *about people* as good in its own right.[52] Noddings distinguishes these types of cares as aesthetic care and ethical care and proposes that ethical theory be based on ethical care.[53] If we heed this distinction between ethical and non-ethical care, the starting point that care is, itself, morally good is not vulnerable to the aforementioned objections since the objections targeted care directed toward morally neutral or suspect things.

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[49] Care enclosed in quotation marks indicates a specious sort of caring.

[50] We may want to hold that certain ideals such as world peace or liberty are, in fact, forms of ethical caring. The relation these ideals have to ethical caring lies in the impact the realization of such ideals would have on actual people. So if one cares for an ideal *qua* ideal, this is not an instance of ethical care. However, if one cares for an ideal because of the positive impact its realization would have on others, then this care is derivatively a form of ethical care. For example, some persons study social political thought because they are genuinely interested in making informed contributions which will positively impact members of the community. The care one has for her work would then be derivatively, a form of ethical care since it is ultimately aimed at helping other people. However, there are others who study the same thing and are primarily interested in how concepts fit together. The care this person has for her work is not an ethical sort of care.

[51] The focus of this analysis of care is on the care that exists between persons. However, many animals also possess an independent good. Thus, care for animals may be an ethical sort of care. However, the current analysis takes the care that exists between persons as the paradigmatic case of ethical care. Extending this approach to animals can occur only after the structure of the paradigm instance of ethical care is explicated.

[52] Michael Slote, *Morals From Motives*, 38.

[53] Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, 21.

6.2 Agent-basing and the Ethic of Care

In the preface of *Morals From Motives*, Slote notes the relation between his work and that done by care ethicists such as Noddings and Gilligan. He claims that the morality of caring is best defended as a form of agent-based virtue ethics.[54] For Slote, care refers to an inner motivational state of the agent. This allows him to develop an ethic of care within an agent-based framework. There are two objections to developing an ethic of care as a form of virtue ethics. It is claimed that understanding care as an internal state of the agent encourages an excessive self-involvement which is incompatible with care. It is also claimed that it is the caring *relation* rather than the caring motivation that is ethically basic. Both objections must be considered in order to develop an ethic of care within an agent-based framework.

6.2.1 Agent-Basing and the Risk of Excessive Self-Involvement

Patricia Benner objects to understanding Care within an agent-based framework. She states, "the point of scrutiny is on the actual concerns in the relationship since focusing on an 'inner character' can create a self-involvement that prevents the person from meeting the other."[55] An agent-based ethical theory holds that qualities of the agent provide the basis from which actions and choices can be evaluated. It does not follow from this that the agent's attention need be directed toward these qualities. We can hold that caring is a quality of the agent without advocating that the moral agent direct her attention to this quality. For Slote it is the first-order motivation of care that provides the basis for action assessment. This, then, requires that one acting out of care respond

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[54] Michael Slote, *Morals From Motives*, ix.

directly to the other. Benner is correct that if one worries more about being a caring person than about helping others, one is inhibited from directly responding to the other. However, one who worries more about being a caring person exhibits the second-order motivation of care. It has already been stated that the second-order motivation of care is inferior to the first-order motivation of care. It is the first order-motivation of care that is morally praiseworthy. Thus, there is nothing in an agent-based framework that would demand excessive involvement with the grooming of one's character traits.

6.2.2 Is the Caring *Relation* Ethically Basic?

The second objection to developing care theory as a form of virtue ethics is that some hold that care is a relational term. Ruth Groenhout claims, "Care theory is not simply a variant of virtue ethics. Care theory is theoretically grounded in a relationship . . . rather than in a specific conception of human nature."[56] A similar objection can be made to the effect that care ethics cannot be a variant of virtue ethics since care ethics takes relationships as central whereas virtues are inner qualities of an individual agent. If care ethics takes the caring relation as fundamental, then this precludes developing care ethics as a variant of virtue ethics since relations are not the same as motivational attitudes or dispositions. If care ethics takes the motivational state of care as fundamental, then it is plausible that care ethics can gain theoretical footing in a virtue framework. Developing care ethics in a virtue framework demands the rejection of what has been, to this point, a main tenet of care ethics: namely, that the caring *relation* is ethically basic. We need to

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[55] Patricia Benner, "A Dialogue Between Virtue Ethics and Care Ethics," *Theoretical Medicine* 18 (1-2) (1997): 48.
[56] Ruth Groenhout, "Care Theory and the Ideal of Neutrality in Public Moral Discourse," *Journal of Medicine and Philosophy* 23 (2) (1998): 172.

determine if the rejection of this tenet is justified.

Both caring relations and caring motivations exist. At issue is whether the caring relation or the caring motivation is ethically basic. This must be determined in order to assess the plausibility of developing an account of care within an agent-based framework. A caring relation differs from a caring motivation. A caring motivation is an internal quality of an agent. A caring relation describes the qualitative aspect of a certain kind of relationship. A caring relation requires that the caring attitude of the one-caring be recognized and accepted by the one-cared-for. This, for Noddings, is reciprocity. Reciprocity, she argues, is required for relationship.

In Noddings' analysis of caring she claims, "both parties contribute to the relation; my caring must somehow be completed in the other if the relation is to be described as caring."[57] The caring attitude must be completed in the other for a caring relationship to exist. This completion in the other constitutes reciprocity for Noddings. Noddings weakens our ordinary conception of reciprocity as a return in kind; she holds that reciprocity can be attained by the recognition and acceptance of the caring attitude of the one-caring by the one-cared-for. For Noddings, reciprocity is required for relationship. She holds that the care relationship should be considered the fundamental concept in ethical theory. While Noddings agrees that there is an attitude of care distinct from the relation of care, it is nevertheless the caring relationship that is fundamental. Since a caring attitude does not guarantee a caring relationship, she does not regard the caring attitude as a trait which is, itself, morally praiseworthy.

Whereas Noddings takes the *relation* of care as fundamental, Slote takes the *motivation* of care as fundamental. He claims that we intuitively know care (understood as a motivation) to be good in its own right. Slote resists the claim that the caring relation is ethically basic by reiterating the intuitive plausibility of caring as morally good in its own right. He states,

> The moral admirability or virtuousness of such caring seems not to be grounded in the desirability of a relationship, but to stand in need of no further justification; and so, once again, it would seem that a virtue-ethical morality of caring is best conceived and formulated in specifically agent-based terms. The caring individual needs to be responsive to the particularities, nuances, and complexities of a larger interpersonal and social context, but that doesn't have to mean that values attaching to the context determine the moral value or admirability of caring.[58]

Slote notes a further problem with taking the caring relation as ethically basic. If reciprocity is necessary for any caring relation, then the relation of care is always dependent upon another. This raises a problem tantamount to the problem of moral luck because the relation of care is dependent on accidental or uncontrollable circumstances.[59] This is theoretically undesirable.

Noddings' view that the caring relation is fundamental is open to further objections since it entails implausible consequences. These consequences stem from positing reciprocity as a necessary feature of morally admirable care. If it can be shown that instances of morally admirable care can arise without reciprocation from the one cared for, then this suggests that the caring *relation* is not fundamental since the existence of a relationship is

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[57] Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, 4.
[58] Michael Slote, *Morals From Motives*, 31.
[59] Ibid.

dependent upon reciprocity. If we wish to maintain that certain instances of unidirectional care are morally admirable, then we must also maintain that direct reciprocity is not a requirement for care that is morally praiseworthy. This undercuts the claim that the care relation is fundamental since this was based on the requirement of direct reciprocity for every instance of care. This, then, lends support to the claim that care is better understood as a quality of an individual. The intent here is not to sever the connection between care and relations. Rather, this is to say that caring is a quality of an agent that allows for meaningful relations to arise; the attitude of care is the genesis of moral relations and it is this attitude that is, itself, morally admirable.

Reciprocity means that something is given back or returned to the one-caring. According to Noddings, this need not be a return in kind; it could simply be recognition from the one-cared-for. This is the completion of the caring act in the other. When this completion in the other occurs, a caring relation arises. Since it is the caring relation that is basic, all instances of unidirectional or unreciprocated care could not be understood as, themselves, good. There are, however, instances in which the attitude of care cannot be or is not reciprocated. The following scenarios appear to be instances of morally meritorious care. The descriptions of care depicted in these scenarios seem, themselves, to have moral worth despite the lack of reciprocation.

We can imagine a family faced with deciding the future of a comatose family member on life support. The family members care for this person and, as such, attempt to make the best decision possible given the circumstances. However, the person they care for is

unable to reciprocate or respond in any way to the caring acts of the family (and may never be able to do so). The fact that there is no reciprocation here does not seem to diminish the care given on the part of the family members. The family is concerned with securing the good of the comatose loved one. They suffer the affective component of caring and have engaged in gathering the information relevant to securing what is in the patient's best interest. It appears that the family is acting out of care; yet, there is no reciprocity or completion of the caring act in the other. The comatose person is unable to respond or recognize these caring acts. Thus, we have an instance of a caring attitude which cannot be completed in the other. There is no reciprocation; the care is unidirectional. Yet, we would want to hold that this sort of care is, itself, morally praiseworthy.

The 'relationship' between parents and young children may also be unidirectional. Parents tend to care for their children. However, these caring acts might not be reciprocated by the child. A child may suffer from an illness such that no matter what the caregiver does, the child is always crying. Young children who show no satisfaction after feeding, changing, and other 'soothing' activities do not reciprocate, even under Noddings' weak conception of reciprocity. This, then, is another example of unidirectional care.

Groenhout objects to such examples as examples of unidirectional care. She claims, "Caring sometimes appears to be unidirectional (mother to child) but only if one looks at

a small slice of the parent-child relationship."[60] While each of the foregoing examples look only at a small slice of the relationship and, as such, may be open to Groenhout's objection, the following examples do not seem to be open to this objection.

A parent cares for his young child who is unable to reciprocate. This child suddenly dies. As a result of this death, we are able to consider the whole of the 'relationship' rather than only looking at one small time-slice. During the whole of this parent-child 'relationship', the child was unable to reciprocate. If we deny the possibility of care without reciprocation, we must also deny that the care the parent had for his child was morally praiseworthy. This is counter-intuitive and provides further reason to deny that caring relations are ethically basic.

Finally, consider the case of youth workers who work with and care for children who have been in trouble with the law and are frequently 'hardened'. While the youth worker cares for these children, they frequently respond with an explicit rejection of all attempts at caring. This is antithetical to reciprocation. Yet, we do not want to say that the youth worker does not care. Further, it is not the case that this only describes a phase in a larger overall relationship which will eventually result in caring. While it is the youth worker's intent to 'get through' and motivate positive changes in the life of the youth, the reality is that often this does not occur. If we are to consider this a morally praiseworthy act of caring we must deny that completion in the other and direct reciprocity is a necessary component of morally praiseworthy care.

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[60] Ruth Groenhout, "Care Theory and the Ideal of Neutrality in Public Moral Discourse", 178.

These examples suggest that direct reciprocity is not required for all instances of care taken to be morally praiseworthy. It should not be concluded, however, that analyses of care need not address the role of reciprocity. While reciprocity is not a necessary feature of each instance of care, some sort of reciprocity is normally required to sustain the one-caring. Instances of care can exist and be morally praiseworthy without any sort of reciprocity. However, the one-caring normally requires some sort of reciprocity in order to sustain herself as the one-caring. Thus, reciprocity plays a contingent psychological role rather than a necessary definitional role in caring.

To understand the sustaining psychological role of reciprocity, we must not limit ourselves to the dyadic model of the one-caring and the one-cared-for. While reciprocity from the one-cared-for can serve this sustaining psychological function, this sustaining psychological function can also be achieved through reciprocity from a third party. Thus, we need to credit a model of a 'network of carers' rather than an exclusively dyadic model. Dyads compose part of this network, but the network consists in more than dyads. Upon this conception, one is able to care for others who do not reciprocate. Yet normally, this can only be sustained if the caring acts one performs are recognized as caring acts by someone, although it is not required that that someone be the one who is the recipient of the care. Without receiving some sort of reciprocity, the one-caring will quickly 'burn-out'. This, then, diffuses the requirements of reciprocity which Noddings builds into her account of care. While some sort of reciprocity will normally be required to sustain the one-caring, the status of an instance of care as a morally admirable instance

of care is not dependent upon the existence of reciprocity. If morally admirable instances of care can exist without reciprocity, then the caring relation is not ethically basic. This suggests that the motivation or attitude of care is, itself, what is morally praiseworthy. If this is the case, then it is plausible to develop an ethic of care within an agent-based framework.

6.3 The Cognitive Component of Care

Concern for the good of the other – the core feature of care – involves both affective and cognitive components. The affective component refers to the feelings one has for the other; one feels for / with the other. One is motivated, via this affection, to secure the good for the other. However, to effectively promote the other's good, one must have more than just good intentions or warm fellow feelings. If one is concerned for another's good, one must also know and understand the nature of this good. The cognitive component of care requires that we obtain knowledge of the other's good. This requires a deep or intimate knowledge of the other.

Deep knowledge of the other is necessary in order to avoid paternalism which involves imposing a pre-conceived conception of the good on the other. To concern oneself with the good of the other, one must know the good of the other *as it is for the other.* Slote does not give an explicit account of how we come to know the good of the other. The most he says is:

> A person who really loves another or takes that person's interests to heart will be sympathetic with the point of view of that other, rather than viewing herself as the superior of that other or acting arrogantly in relation to that other.[61]

[61] Michael Slote, *Morals From Motives*, 131.

Much more needs to be said about what being 'sympathetic to the point of view of the other' entails. Other writers have provided accounts which explicate what is involved in being 'sympathetic to the point of view of the other' which in turn shed light on how it is we come to know the good of the other.

6.3.1 Motivational Displacement

'Motivational displacement',[62] 'selflessness',[63] 'attending to',[64] 'attentiveness',[65] 'transcendence of self'[66] and / or 'empathy' are all terms used by various authors to describe the process by which we acquire knowledge of the other in the context of caring. The knowledge required to effectively promote another's good is not simply a sort of external or propositional knowledge. Rather, it involves an intimate knowledge of the other. One must be able to understand the other and the other's reality *as the other sees it*. It is not simply a matter of putting yourself in the other's shoes. As Philip Mercer states,

> It is not enough that I should imagine how *I* should feel if *I* were in the other person's place; I have to imagine how *he* feels, having the temperament and personality *he* has. This imaginative realization of another's feelings entails, but is quite distinct from, the knowledge or belief that this person has certain feelings.[67]

Milton Mayeroff makes a similar statement:

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[62] Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, 16.
[63] Milton Mayeroff, *On Caring*, 21.
[64] Daniel Putman, "Relational Ethics and Virtue Theory," *Metaphilosophy* 22 (3) (1991): 234.
[65] Joan Tronto, "Women and Caring: What Can Feminists Learn About Morality From Caring?," in *Justice and Care: Essential Readings in Feminist Ethics*, ed. Virginia Held (Boulder: Westview Press, 1995), 106.
[66] L.A. Blum, *Friendship, Altruism, and Morality*, 72.
[67] Philip Mercer, *Sympathy and Ethics* (Oxford: Oxford University Press, 1972), 9.

> To care for another person, I must be able to understand him and his world as if I were inside it. I must be able to see, as it were, with his eyes what his world is like to him and how he sees himself.[68]

Noddings refers to this kind of phenomenon as 'motivational displacement'. She claims that "apprehending the other's reality, feeling what he feels as nearly as possible, is the essential part of caring from the view of the one-caring."[69] Later she claims, "Caring involves stepping outside of one's own personal frame of reference into the other's."[70] Mayeroff refers to this as 'selflessness'. This selflessness is not deprecatory. Instead, it is absorption in the other which results in heightened awareness and greater responsiveness to both the other and the self.[71] Daniel Putman uses the term 'attending to'. By attending to the other, the other becomes completely present. The mind of the one-caring is freed from external distractions.[72] Joan Tronto refers to this as 'attentiveness'. It involves losing one's concerns in order to see clearly the concerns of the one-cared-for.[73] For Lawrence Blum the deep caring in which 'transcendence of self' occurs involves,

> getting outside oneself, being able to focus clearly on and to know another person. It involves being willing to give of oneself, and in a way which is not simply experienced as self-sacrifice or self-denial. It involves overcoming within oneself obstacles, defenses, or distortions which prevent the deep caring for the other.[74]

The central theme running through these accounts is that to know another's good one must know this good *as it is for the other* which, in turn, requires intimate knowledge of

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[68] Milton Mayeroff, *On Caring*, 30.
[69] Noddings, Nel, *Caring: A Feminine Approach to Ethics and Moral Education*, 16.
[70] Ibid., 24.
[71] Milton Mayeroff, *On Caring*, 21.
[72] Daniel Putman, "Relational Ethics and Virtue Theory", 234.
[73] Joan Tronto, "Women and Caring: What Can Feminists Learn About Morality From Caring?", 106.
[74] L.A. Blum, *Friendship, Altruism, and Morality*, 72.

the other. This is achieved by a process whereby one's attention and energy is wholly directed toward the other. One temporarily suspends one's own concerns and commitments. This allows one to be wholly present to the other which, in turn, allows one to understand or experience things as the other does. This enables one to attain knowledge of the other's good.

The process described in the previous paragraph is a central feature of ethical care.[75] Motivational displacement[76] not only enables one to acquire knowledge of the other's good, but the process itself can also be a good for the one-cared-for. It could be argued that if our aim is to attain knowledge of the other's good, this could be accomplished by simply asking the other what she takes to be her good. There are three problems with this approach.

First, if the *only* way one came to know the other's good is by asking the other, this would be indicative of a lack of attentiveness and perception on the part of the one-caring. If the one-caring engaged in motivational displacement, then the one-caring would have knowledge of the other's good and desires without always having to ask. Knowing the other's good without having to ask represents an attentiveness to the other and a concern for the other that is far superior to continually having to ask what the other wants.

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[75] As I have argued, reciprocity is not a necessary pre-condition for ethical care. Thus, the care described here and henceforth may or may not occur within a relationship. Whether or not the caring occurs within a relationship does not impact the substance of the following arguments.

Second, people do not always know what they want. As a result, simply asking what the other wants and taking the response at face value assumes that all of an individual's desires are transparent and known to the self. This is mistaken. One may have a general feeling of malaise but be unable to identify its source or its remedy. As a result, one is unable to articulate what one needs to both oneself and others. If the one-cared-for is unable to articulate what she wants (because she does not know) then the one-caring cannot respond. However, if the one-caring underwent the process of motivational displacement, she would have more information with which to work thereby increasing the likelihood of understanding what the problem is and what could be done to help. Engaging in the process of motivational displacement allows for one to come to know the good of the other more completely than simply asking the other what she wants. This, in turn, allows for a more complete and comprehensive response to the one cared-for.

Third, if we held that we could attain knowledge of the other's good by simply asking what the other wants, we are erroneously assuming that by asking we would receive a complete and honest answer. There may be factors that preclude one from honestly telling the other what she wants. If the one-caring asks the one cared-for, 'what do you want?', it may be translated as, 'if you tell me what you want then I will do it for you'. But perhaps the one-cared-for feels that what she really wants is too much to ask of another person. As a result, the one-cared-for will not give a complete and honest response. Complete and honest answers could also be evaded as a result of personality traits such as an inflated sense of pride or dignity. If the one-cared-for feels that naming

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[76] I will henceforth use the term 'motivational displacement' to refer to the process outlined in the previous paragraph.

what it is that she really needs upsets her sense of pride or dignity, then the one-cared-for will not honestly and accurately respond. This inhibits the one-caring from attaining knowledge of the other's good. If we assume honesty and candidness between all persons, we may be missing important factors which, in turn, adversely impact on our ability to know the good of the other. While it would be a better world if people were honest and candid and did not have a misguided sense of pride, this is not the world in which we live. Furthermore, such people are not necessarily unworthy of care. But in order to care for such people we need to have a good understanding of the kind of people they are, and this includes a knowledge of their 'demons'. In such instances, simply asking what the other wants will not always yield the best or most accurate knowledge. In order to know both what the other's good is and how to promote that good, one must undergo the process of motivational displacement.

It is important to note here that my argument is not that in asking what another wants we are somehow acting uncaringly. Rather, I am arguing that asking what another wants is insufficient to acquire the most complete knowledge of the other's good. So while one can ask what another wants, this information must be taken and used in conjunction with the knowledge acquired through motivational displacement. This will yield a more complete understanding of the other's good.

I stated that not only is motivational displacement necessary to acquire knowledge of the other's good, but that it can also, itself, be a good to the one-cared-for. Asking what another wants implies that there is something the one-caring can *do* to realize a good or

alleviate a suffering for the one cared-for. However, sometimes genuine care requires a recognition of one's impotence. There may be situations whereby there is nothing the one-caring can *do* to alleviate the suffering of the one cared-for. If, in such a situation, the one-caring asks what it is the one-cared-for wants, this indicates a failure to grasp the nature of the situation of the one-cared-for. One who genuinely cares will at once recognize and accept her impotence to effect any real change to the situation. Nonetheless, the one-caring will remain present to the one-cared-for. It is this presence, attentiveness, being with, or motivational displacement that is at the heart of ethical care. It seems that this presence is, itself, a good despite the inability of the one-caring to effect any actual change in the situation.

Care takes as its object the good of the other. In order to promote the other's good one must first know what this good is. In order to know this, one must intimately know the other. Intimate knowledge of the other requires engaging in the process of motivational displacement. Thus, we must recognize something along the lines of motivational displacement as an integral element of the process of care since it is this process that allows us to attain knowledge of the other's good.

6.3.2 Problems With Motivational Displacement

If we take motivational displacement to be an accurate description of the cognitive component of care, then there are two upshots we must consider. First, the effort and time that is required of the caring agent to gather such knowledge necessarily limits the number of people for which one can properly care. If caring is necessarily limited to a

select few, then it may be difficult to develop an ethic of care which can account for larger questions of relations to humanity and social justice. Second, there is nothing in the concept of motivational displacement to retain a clear sense of self. As such, there is the propensity for exploitation of those who care.

6.3.2.1 Motivational Displacement and Humanitarian Care

First, then, let us address the concern that motivational displacement limits caring to a select few persons and thereby precludes the possibility that Care can address broader humanitarian concerns of ethical theory. To avoid paternalism, it was stated that to know the good of the other one must have intimate knowledge of the other; one must know the good of the other *as it is for the other*. This knowledge is acquired through the process of motivational displacement. However, one cannot undergo the process of motivational displacement with persons one does not, cannot, and will not know. This seems to preclude humanitarian care from being an intelligible concept.

Slote addresses the objection that because of the partial nature of caring, caring is ill-equipped to provide the basis for a large-scale ethical theory that addresses strangers and humanity.[77] However, because Slote does not give an account of the knowledge acquisition process, his response does not directly address where motivational displacement fits into this scheme. Let us first look at how Slote addresses the more general objection that as a result of the partiality of caring it cannot address these larger questions of social justice and relations to strangers and humanity.

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[77] Michael Slote, *Morals From Motives*, 64-74.

Slote draws a distinction between intimate and humanitarian care. Slote claims,

> As an ideal type, humane or humanistic concern is importantly different from the loving concern we feel towards friends, family, and significant others, and this distinction needs to be built into any ethic of caring that makes room, as it seems plausible to do, for both humane and intimate caring.[78]

What is important here is precisely what distinguishes intimate from humanitarian caring. Slote distinguishes between intimate and humanitarian care on the basis of balance versus utility. Intimate relationships are governed by a kind of balance between the objects of care whereas humanitarian caring is governed by the principle of utility. In the humanitarian brand of care one does not have any attachment to any particular group of persons. As such, one aims to secure the most good overall for the unknown others.[79] This may, in fact, be descriptive of an important qualitative difference between these types of care. However, this fails to recognize the root difference between intimate and humanitarian care. Intimate and humanitarian care differ with respect to the *kind* of good they promote.

We can distinguish between types of care by going back to the core feature of care – concern for the good of the other. One is concerned that the other lead a full and good human life. Types of care can be distinguished by the *kind* of good one aims to secure for the other. We can posit two types of goods: personal and impersonal. Impersonal goods are good for persons *qua* persons. These are the most basic kinds of goods such as food, shelter, and healthcare. Irrespective of who one is and what one's substantive commitments and world-views are, these are goods nonetheless. These are the kinds of

goods that are pre-conditions for any good life irrespective of its substantive content. The goods sought by humanitarian care are impersonal goods. Motivational displacement is not required to understand impersonal goods as being good for others. As such, motivational displacement is not required for humanitarian care. However, in close relationships one tends to be concerned with more than the basic pre-conditions for a full and good life. One wishes to promote a more substantive good life. What is conducive to this is agent-relative. To aid in promoting this one must have intimate knowledge of the other which requires motivational displacement.

While Slote distinguishes between intimate and humanitarian care on the basis that one's intimate cares must be balanced whereas humanitarian care allows for the maximization of the aggregative good, and while this may be an accurate description of what occurs in intimate and humanitarian care, the proper basis for the distinction between intimate and humanitarian care lies in the kind of good that is being promoted. If one wishes to secure goods for a particular person it is necessary to know that person and what that person takes to be in her interest. If, however, one seeks to secure goods for unknown persons, then the kind of good sought must be impersonal goods that are good for persons *qua* persons.

6.3.2.2 Motivational Displacement and Exploitation

Two concerns were raised with respect to the implications of motivational displacement. First, positing motivational displacement as an essential feature of care renders the

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[78] Ibid., 70.
[79] Ibid., 63-76.

concept of humanitarian care unintelligible. Second, motivational displacement allows for exploitation of the one-caring.

Claudia Card voices the second concern. She claims,

> [Noddings'] account does not explicitly include the idea of *valuing* individuals for themselves. Motivational displacement is not the same. We can take up the perspectives of others out of sheer necessity for survival, the necessity to anticipate others' needs in order to be a good servant or slave, for example. Women learn well to do this with men; slaves have learned well to do it with masters. To be the valuers that ethical caring requires we need to preserve in ourselves, as well as value in others, a certain spiritual integrity. Otherwise, we risk becoming simply tools or extensions of others. With a capacity for "motivational displacement" – receiving others into oneself – but lacking integrity as a self who chooses and rejects relationships, one is in danger of dissolving into a variety of personalities, changing one's colors (or values) like a chameleon in changing environments.[80]

Hilde Nelson expresses a similar concern. She claims,

> If the caregiver undergoes what Noddings calls "motivational displacement" – if she grasps what the person receiving her care wants for himself and allows that want to supplant her own motives for action – the caregiver, unconstrained by justice or reason, cannot morally justify withdrawing from the relationship. Such caring becomes slave-caring, its paradigm being the slave master's fantasy of the loving mammy who, acting out of others' motives rather than her own, lavishes care on the master's son so that he may grow up to become a master (perhaps her master) himself.[81]

These are important concerns that must be addressed. However, these problems only arise if we mistake motivational displacement for the whole of care. While motivational displacement constitutes a key element in the overall process of care, it by no means constitutes the whole of care. Thus, we must analyze other elements which are part of the caring process. This can mitigate the concerns raised by Card and Nelson. We need first, to explicate the nature of the self that is capable of undergoing the process of

motivational displacement conducive to care and second, to explicate the other major component of the care process – a replacement phase. Motivational displacement is descriptive of how we come to know the good of the other. However, acquiring knowledge of the other's good is not the whole of care. Recognition of the process as a whole in conjunction with an understanding of the self that is capable of the displacement necessary for care, can allay the concerns raised by Card and Nelson.

6.3.2.2.1 Self-Other Differentiation

First, then, we must explicate the nature of the self that is capable of the motivational displacement necessary for care. This self must be capable of self-other differentiation and possess 'basic certainty'.

Motivational displacement conducive to care cannot be undergone unless there is first a self apart from the other that is capable of being displaced. One must recognize both the self and the other as distinct beings each valuable in her own right. One must know where the self ends and the other begins. Thus a precondition for motivational displacement is self-other differentiation.

Positing a requirement of self-other differentiation does not undermine a main tenet of the care orientation – that we are relational beings. There is no inconsistency in holding that we can differentiate between self and other while retaining an understanding of ourselves as relational beings. Gilligan claims, "[The] paradoxical truths of human

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[80] Claudia Card, "Caring and Evil," 106-107.
[81] Hilde Nelson, "Against Caring," 10.

experience [are] that we know ourselves as separate only insofar as we live in connection with others, and that we experience relationship only insofar as we differentiate other from self."[82] While Noddings does not speak in terms of self-other differentiation, it seems that this is implicitly at play in her writing. In speaking about motivational displacement she claims, "My motive energy flows toward the other and perhaps, although not necessarily, toward his ends. *I do not relinquish myself; I cannot excuse myself for what I do.*"(my emphasis)[83] Noddings also gives an example of perverse care in which parents 'live for' their children. She admonishes this since "both parents and children are at risk of *losing themselves* under such conditions." (my emphasis)[84] Noddings refers to these passages in a response to Hilde Nelson's criticism of her concept of motivational displacement.[85] These passages suggest that there must be an ability to differentiate between the self and the other. One must value both the self and the other as distinct beings valuable each in their own right. Part of this understanding requires self-other differentiation.

6.3.2.2.2 Basic Certainty

Self-other differentiation does not alone ensure that the agent undergoing motivational displacement will not be exploited. There must also be a certain conception of the self at play such that one is capable of wholly giving oneself to the other without losing oneself to the other. This requires that the self possess what Mayeroff terms 'basic certainty':

> Basic certainty requires outgrowing the need to feel certain, to have absolute guarantees as to what is or will be. Instead, if we think of basic certainty as

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[82] Carol Gilligan, *In A Different Voice: Psychological Theory and Women's Development*, 63.
[83] Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, 33.
[84] Ibid.
[85] Nel Noddings, "In Defense of Caring," 16.

> including deep-seated security, it also includes being vulnerable and giving up the pre-occupation with trying to be secure.[86]

Basic certainty is required for motivational displacement since seriously entertaining other beliefs or points of view can, in certain instances, challenge one's own beliefs. As we have seen, motivational displacement includes an ability to temporarily 'let go' of one's substantive commitments and beliefs in order to understand things as the other does. To wholly give of oneself, one's commitments and beliefs must not be so tenuous that in 'letting go' of them one loses them altogether or that one clings so tightly to them that one is unable to entertain and consider other differing and competing beliefs. In the first instance, one risks the chameleon-like tendencies warned of by Card. In the second instance, one is incapable of truly listening to the other since one's energies are directed more towards the vindication of one's beliefs rather than towards the other. Without this basic certainty one would either be unable to put in jeopardy one's basic beliefs by entertaining different points of view, or one would be too willing to adopt the other's point of view without retaining and valuing grounding beliefs of one's own. This basic certainty provides the space necessary to come to know the other and the other's good without losing one's sense of self.

It is the person who possesses basic certainty that is able to undergo the process of motivational displacement *in a manner conducive to care.* Basic certainty requires a strong enough sense of self so that one does not lose oneself to another but a fluid and

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[86] Milton Mayeroff, *On Caring* (New York: Harper and Row, 1971), 49.

confident enough self so that one is able to listen and thereby understand the other's good as it is for the other.

Motivational displacement of the sort necessary for care requires both that the caring agent be capable of self-other differentiation and that the agent possess basic certainty. These features allow the caring agent to wholly give of herself without losing herself in the motivational displacement phase. Building these provisos into what is required by the motivational displacement conducive to care addresses the objection that with motivational displacement comes the propensity for exploitation. This objection is further addressed, and the process of care is further explicated by looking at the complementary process – a replacement phase.

6.3.2.2.3 A Replacement Phase

A replacement phase is the counterpart to motivational displacement. Caring is a process which involves both components. Care starts with a proper understanding and valuation of the self (one that is capable of self-other differentiation and one that possesses basic certainty). This self engages in motivational displacement. However, motivational displacement is not advocated as a mode of being in which one should permanently stay. Rather, it must be followed by a replacement phase. This requires that one withdraw from the other and reflect upon and consider the information gained from the motivational displacement stage. In the motivational displacement stage one's energies are wholly directed toward the other. The replacement phase requires that one's energies no longer be directed toward the other. This is a period of reflection whereby one

reconciles the information gained in the displacement phase with one's previously held beliefs. Mayeroff recognizes something akin to these two phases. He claims,

> In a narrow sense, 'being with' refers to a phase within the rhythm of caring, a phase of being with the other that is followed by, and may be contrasted with a phase of relative detachment in which we scrutinize and reflect on the experience in order to clarify our understanding and thus be more responsive to the other.[87]

While Mayeroff uses different terminology, this is, nevertheless, an accurate description of what goes on in the process of caring. His 'being with' is akin to Noddings' motivational displacement. The phase of relative detachment is akin to the replacement phase.

The concerns put forth by Card and Nelson can be alleviated by recognizing self-other differentiation and basic certainty as a precondition for motivational displacement, and by recognizing a replacement phase. The basically certain self ensures that one does not change one's colours or values as a chameleon does. Basic certainty does not, however, guarantee that one could / would / should leave the motivational displacement phase unaltered or unchanged. Motivational displacement conducive to care requires a genuine openness to the other, the other's reality, and the other's perception. This allows one to understand the other's good as it is for the other. Leaving the stage of motivational displacement and entering into the replacement phase requires that one evaluate and reconcile the information gleaned from the displacement phase with one's previously held beliefs. Because one has entered the displacement phase possessing a basic certainty of the self, one need not cling to basic beliefs and commitments if what has been learned

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[87] Ibid., 32.

provides reasons to revise these beliefs. It is this that may provide grounds to alter or change one's beliefs and commitments. This alteration, however, is best understood as growth or expansion of the self. This is much different from the chameleon-like tendencies of which Card warns since the alterations, which are understood as growth, are a function of reflective consideration on what was learned; it is not uncritically adopting the views and values of the other.

6.3.3 Motivational Displacement and Slote's Ethic of Care

Caring takes as its object the good of the other. In order to promote the good of the other, one must know the good of the other as it is for the other. Slote says very little about how we come to know the good of the other. As we have seen, other authors have explicated this. Using Noddings' terminology, we must undergo the process of motivational displacement. While motivational displacement describes how we come to know the good of the other, it does not cover the whole of caring. It is thereby imperative that the whole of the caring process be addressed when analyzing the ethic of care. Care is a process that consists of two major components – motivational displacement and a replacement phase. The motivational displacement conducive to care requires that a certain kind of self exist before the displacement process. It is the basically certain self which is capable of self-other differentiation that enters the process of motivational displacement. This must be followed by a time of relative detachment or a replacement phase. While motivational displacement plays a key role in coming to know the good of the other, these other aspects of care must be emphasized in order to ensure that care does not promote or allow for exploitation.

Our aim at explicating how we acquire knowledge of the other's good was two-fold: First, to determine its accuracy and necessity for a complete account of care. Second, to determine if this account is consistent with Slote's overall theory. An account of how we acquire knowledge of the other's good is a crucial component of an adequate theoretical account of care. Slote, however, does not address this in much detail. He decries acting arrogantly in relation to the other's good and claims that we must be sympathetic to the point of view of the other.[88] The foregoing section has described how one can know the other's good without acting arrogantly in relation to it and explicates the process one must undergo if one is to be truly sympathetic to the point of view of the other. Noddings, Mayeroff and Blum all recognize something along the lines of the account given here. This account touches on and explains key features of the process of care. It seems that this filling in of what it means to be 'sympathetic to the point of view of the other' is both accurate and necessary. However, invoking the necessary pre-conditions of self-other differentiation and basic certainty has resulted in this account of the caring process differing in a significant way from the direction of Slote's theory.

Recall that Slote's theory is structured in such a way that care is the singular *moral* virtue. This is further divided into care for intimates, care for humanity, and care for the *polis* or an appropriate political unit. He then relates his moral theory to an account of practical rationality and the good life. Slote provides an agent-based account of rationality and posits several rational virtues, one of which is self-concern. All the

[88] Michael Slote, *Morals From Motives*, 131.

rational virtues correspond with an important element of basic human goods. The rational virtue of self-concern corresponds with the goods of self-esteem and self-worth. By placing self-concern as a rational virtue, the good of self-esteem and self-worth is not a distinctively *moral* concept. But if we look at how the process of care was explicated, something akin to self-worth has been built into the concept of care.

In order to address the objection that motivational displacement carried with it the propensity for exploitation, I built in two provisos: First, care requires the caring agent be capable of self-other differentiation and second, the caring agent must possess 'basic certainty'. The caring agent must see herself as a distinct agent valuable in her own right. This seems to be of a kind with self-esteem and self-worth. By positing this as an integral element of the care process, self-concern becomes a moral rather than a rational virtue.

Slote's theory, as it stands, is not consistent with this position. However, we could easily posit a fourth category of care—self-care. This would put self-concern on par with the other categories of care. Slote considers and rejects this move. He wavers between whether self-care is morally permissible or morally required. He claims, "No reasonable ethics should decry or begrudge self-concern and self-assertiveness in moral agents."[89] This is a start. We are *permitted* to be concerned for our interests, but this permission does not have a distinctively moral content.

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[89] Ibid., 32.

Later on, Slote strengthens the claim to self-concern. He claims,

> I think, in other words, that we should treat self-concern as a third kind or category of caring comparable to intimate caring and to humane or humanitarian caring, so that we can think of the moral individual as exemplifying a three-way balance among these kinds of caring. (However, "self-caring" sounds too weird to be useful as a designation for this third kind of caring.)[90]

Slote goes on to reject this position because it cannot account for supererogatory acts. He holds that self-concern is morally permissible and a rational requirement. The moral types of care are 1) Care for intimate others, 2) Care for humanity in general, and 3) Care for *polis* or other appropriate political unit. Self-concern is understood as a rational virtue.

Rejecting self-care as a legitimate category of care avoids the problem that it sounds 'weird' and the problem of supererogatory acts. However, the price we have to pay to avoid these problems is too high. Although Slote does not explicitly address the process of motivational displacement, this process is key to understanding what it is to be sympathetic to the point of view of the other. Without building in self-other differentiation and basic certainty as necessary pre-conditions for motivational displacement, we face the problem that motivational displacement allows for exploitation. But self-other differentiation and basic certainty appear to be of a kind with self-concern and/or self-esteem. So if we want to avoid positing and praising a moral concept that will result in the exploitation of certain people, we must include self-concern

[90] Ibid., 77.

and/or self-esteem as an integral part of the concept of care. This requires understanding self-care as a moral rather than a rational virtue.

While this is one compelling reason to maintain that self-care should be understood as a moral virtue, there is a stronger reason. If we wish to entertain care ethics as a plausible theoretical option, then we must guard against perversions of care. As I will discuss in the following section, we will need to invoke the claim that the caring individual must be able to recognize both self and other as distinct beings each valuable in their own right in order to distinguish between perverse and genuine instances of intimate care. Since self-care is required in order to distinguish between perverse and genuine instances of intimate care, and since self-care is also required in order to avoid the exploitation of the one-caring, we must understand this valuation of self as a distinctively moral concept.

Self-care should be understood as a moral virtue. The fact that Slote thinks self-care sounds weird is not a serious problem. It is a small price to pay to avoid the undesirable consequences of exploitation and other perversions that could arise. The claim that invoking self-care as a moral virtue renders us unable to account for supererogatory acts is much more serious. The problem is that supererogatory acts frequently, if not always, come at a great risk or cost to the self. A paradigmatic example of a supererogatory act is one who risks one's life by rushing into a burning building to save another's life. It is difficult to see how such an act can be morally excellent if self-care is a moral requirement.

The praise we accord supererogatory acts seems, once again, to derive from our intuitions. While Slote accords considerable weight to our common-sense intuitions, he also points out that, "our ordinary intuitive moral thought is not just complex, but subject to paradox and internal incoherence."[91] This, he thinks, is unacceptable and thus makes moral theory both necessary and desirable.[92] Slote goes on to argue that if we are to have a unified ethical theory, we may, at some point, have to reject some of our common-sense intuitions.[93] Following Slote's own methodology, the intuition that supererogatory acts are morally praiseworthy may be one of these intuitions we have to reject.

Slote argues that theoretical considerations play some role in determining which intuitions we have to reject. Both simplicity and unifying powers are theoretical virtues according to Slote.[94] Positing self-care as a moral virtue exhibits both simplicity and unifying power. Care is the fundamental moral virtue which is divided into intimate and humanitarian care. By recognizing an additional category of care – self-care – we can retain the overall structure of care envisioned by Slote. As Slote points out, self-care could easily fit within his framework by simply extending the balance relation.[95] Instead of advocating a two-way balance between intimate and humanitarian care, there would instead be a three-way balance between self-care, intimate care, and humanitarian care. This seems to exhibit both unifying powers and simplicity. Not only does invoking self-care as a moral virtue exhibit the theoretical virtues of unifying power and simplicity, it also increases the explanatory power of the theory. This is commonly considered to be

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[91] Ibid., 11.
[92] Ibid.
[93] Ibid., 12.
[94] Ibid., 10.

another theoretical virtue. Understanding self-care as a moral virtue provides an explanation as to how care can guard against both exploitation and other perversions of care.

If we recognize that our common-sense intuitions can be subject to incoherence, and if we hold that this incoherence is unacceptable, then we must, at some point, reject one or more of our intuitions. Given that supererogation does not accord with self-care, we must reject one of these virtues. To determine which one we ought to reject, we must consider theoretical virtues such as simplicity, explanatory power, and unifying power. Since accepting self-care as a moral virtue provides simplicity, explanatory power, and unifying power, we should recognize self-care as a moral virtue and do away with supererogation.[96]

7 Keeping Care Morally Decent

One worry raised against the ethic of care is the number of ways in which care can go awry. We need to consider some of the ways, not already discussed, in which care could go awry. Then we need to determine whether the ethic of care, itself, is capable of handling these further instances or whether we need to appeal to something else in order to keep care morally decent.

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[95] Ibid., 77

[96] It is plausible to reject the moral worth of supererogatory acts on the basis of these considerations alone. However, it may also be the case that our intuition that supererogatory acts are praiseworthy is, itself, misguided. Ayn Rand argues precisely this in "The Ethics of Emergencies" in *the Virtue of Selfishness* (New York: The New American Library Inc., 1961), 50. With respect to the issue of saving a drowning person she claims, "If the person to be saved is a stranger, then it is morally proper to save him only when

7.1 Perverse Care

I use *perverse* care to indicate one important way caring could go awry. Just as there are two distinct types of care (intimate and humanitarian), there are two corresponding ways perversions can arise. Humanitarian care becomes perverse when the one-caring fails to recognize the limitations on the kind of good one is able to promote. An example of this is missionaries who seek to save the souls of 'uncivilized heathens'. Intimate care becomes perverse when the one-caring violates any of the necessary features of intimate care. Instances of this include parents who live vicariously through their children and romantic relationships whereby one partner wholly adopts the aims and interests of the other. These instances of perverse care have the propensity to be confused with genuine instances of care in that they share some of the same features of caring proper. As such, we must find the means by which to define such 'cares' as perverse and thus not genuine instances of care at all.

7.1.1 Perverse Humanitarian Care

In section 6.3.2.1, I argued that the proper basis for the distinction between intimate and humanitarian care lies in the kind of good one promotes for others. Humanitarian care aims at securing goods which are good for persons *qua* persons. Such goods include food, shelter and healthcare. Motivational displacement is not required in order to know that these are goods for the unknown others. The goods sought through humanitarian care are basic pre-conditions for any full and good human life irrespective of its substantive content.

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the danger to one's own life is minimal; when the danger is great, it would be immoral to attempt it: only a lack of self esteem could permit one to value one's life no higher than that of any random stranger."

Humanitarian care becomes perverse when one fails to heed its limitations. If one attempts to secure goods for unknown others that extend beyond the basic goods that are good for persons *qua* persons, then perversions arise. An example of this would be missionaries who claim to care for humanity by seeking to save the souls of 'uncivilized heathens'. Such missionaries attempt to impose a substantive notion of the good on others whom they do not know. In order to promote substantive goods for another, one must take into account the other and the other's way of life. This, then, requires undergoing the process of motivational displacement which, in turn, means that the kind of care is not humanitarian. Rather it is intimate care and must thereby meet the criteria for intimate caring. Humanitarian care must recognize its limitations in order to be a genuine instance of humanitarian care. If these limitations are not recognized, perversions arise.

7.1.2 Perverse Intimate Care

In order to understand what makes perverse intimate cares perverse, it may be helpful to review the necessary features of intimate care previously identified:

a) Care is a concern for the good of the other. (6.1)

b) Care has both affective and cognitive components. (6.3)

c) One must undergo the process of motivational displacement in order to acquire the necessary knowledge in order to act for the good of the other. (6.3.1)

d) One must recognize the self as a distinct and valuable being in one's own right. (6.3.2.2.1)

e) One must recognize the other as a distinct and valuable being in her own right. (6.3.2.2.1)

Violation of any of these features of care immediately renders the instance of 'care' a perverse sort of care and thus not an instance of genuine care at all.

In Section 6.1, I distinguished between ethical and non-ethical care. Ethical care is the care that exists between persons. This requires that the other possesses a good in her own right. The one-caring must recognize this and act to find out and promote this good. Non-ethical care is the care for things that do not themselves possess an independent good. As such, they are best understood as extensions of the self inasmuch as one has chosen to invest oneself in that thing, idea, or ideal. Thus the objects of non-ethical care are extensions of the self whereas the objects of ethical care possess a good in their own right. Perversions can arise by not heeding this distinction. If one fails to recognize that the other possesses an independent good and 'cares' for the other merely as an extension of the self, then the 'caring' is perverse. This is the basis for including (d) and (e) as necessary features of care. The following examples represent violations of (d) and (e) and are thus examples of perverse care.

Consider a parent who lives vicariously through her child(ren). While the parent may possess the affective component characteristic of caring, the parent has failed to apprehend the other's good *as it is for the other* and has instead imposed her perceived good on the other. The motivational displacement required for intimate caring has not

been engaged in. While there is a strong identification with the other, this is not an identification that recognizes and respects the separateness and value of the other in her own right. Hence, this is a perverse instance of caring.

Whereas parents who live vicariously through their children go wrong by failing to recognize the other as a distinct and valuable being in her own right, one can also go wrong by failing to recognize one's self as a distinct and valuable being. This occurs in certain romantic relationships whereby one partner wholly adopts the interests and aims of the other, and instead of giving of oneself (which is required by care), gives away one's self. One has failed to retain a sense of self / identity apart from the other. Again the failure to retain an understanding of self as distinct from the other represents a perverse kind of caring.

Mayeroff emphasizes the necessity of valuing the other in her own right. He claims, "If I am unable to experience the other as independent in its own right then I am unable to respond to it truly."[97] Later he claims, "If I do not basically experience the other as someone . . . in [her] own right, then, whatever else may be going on, I am *not* caring."[98] Valuing both the self and the other as independent beings is a necessary feature of care. Any violation of this precludes understanding the act as a genuinely caring act.

We have identified some perverse instances of care. However, in order to criticize such 'cares', we need only appeal to the features of care itself in order to show that these

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[97] Milton Mayeroff, *On Caring*, 3.
[98] Ibid., 28.

instances cannot be understood as genuine instances of care. Criticism does not rely on invoking some other moral concept to constrain care and keep it 'morally decent'.

7.2 Assessment of the Others' Perception of Their Good.

Perverse care does not, itself, undermine the plausibility of basing an ethical theory in the concept of care. Perversions of intimate care can be identified by appealing to the necessary features of intimate care. Perverse cares violate at least one of the necessary features of caring proper and are thereby not genuine instances of care. While the concept of care can guard against perversions of care, it does not enable us to assess the ends of others. Section six argued that in order to know the good of the other, one must undergo the process of motivational displacement. One must know the good of the other *as it is for the other*. If this is the only way we can acquire knowledge of the other's good, then it seems that the other is the sole arbiter of her good. This, then, leaves us without the resources by which to assess and criticize others' perception of their good. Joan Tronto asks, "If one is being solely receptive to the needs of others, how can one judge whether the needs are genuine, as serious as the one cared-for believes they are?"[99] People can be mistaken about what is in their best interest. Mercer states,

> There are appropriate and inappropriate ways of helping others, and it seems natural to suppose that the more fully we sympathize with someone the more likely we are to give him the kind of help he needs. In many cases this will be to treat him as he wants to be treated – but not necessarily, *for not everyone knows all the time what is best for himself* (my emphasis).[100]

What we need is the ability to distinguish between the other as a being worthy of care and the person's ends which may or may not be worthy of care. If we can make this

distinction then we can, in all consistency, care about a person but reject his ends. Noddings, Tronto and Mercer suggest precisely this point. In describing motivational displacement Noddings claims, "My motive energy flows toward the other and perhaps, although not necessarily, toward his ends."[101] Tronto claims,

> There is some relationship between what the cared-for thinks he or she wants and his or her true interests and needs, although it may not be a perfect correspondence. A patient in the hospital who refuses to get up may be forced to do so. A child who wishes only to eat junk food may be disappointed by parents' reluctance to meet this wish. Genuine attentiveness would presumably allow the caretaker to see through these pseudo-needs and come to appreciate what the other really needs.[102]

Mercer addresses this by distinguishing between helping another and assisting another. Assisting another may be harming him. Sometimes the best way to help another is to refuse to offer him your assistance.[103]

If we want to distinguish between what an agent takes to be in her interest and what is truly in the agent's interest, we must provide some account of how to determine what is truly in an agent's interest. Recall that care for the other is a concern for the wellbeing of the other. It is a concern that the other lead a full and good life. If we were permitted an independent account of the good life, we could then measure what an agent takes to be in his interest against this account of the full and good life. If a discrepancy arises – if the agent takes something to be in his interest that is not conducive to the elements of a good life – then we have the means by which to criticize the misguided ends of the agent. However, following Slote's theory we are not permitted an independent account of the

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[99] Joan C. Tronto, "Women and Caring: What Can Feminists Learn About Morality from Caring?," 106.
[100] Philip Mercer, *Sympathy and Ethics*, 123.
[101] Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education*, 33.
[102] Joan C. Tronto, "Women and Caring: What Can Feminists Learn About Morality from Caring, 106.

good life against which to measure another's perception of her good. If we want to retain the distinction between what an agent takes to be in her interest and what is truly in her interest, we must find another way to account for this within the guidelines of a pure agent-based framework. If we are unable to do this, then we may want to reconsider the merits of pure agent-basing.

Working through a scenario provided by Philip Mercer aids in illustrating how we might assess the ends of others.

> Suppose that I have privileged access to a drug cupboard; and also that I have a friend who is addicted to heroin; and further, that because his normal means of supply has been cut off he is suffering bad withdrawal symptoms. Now in such a situation, if, out of sympathy with the addict, I decide to procure him the drugs he needs, could we not then say that I was sympathizing with someone whose feelings were morally undesirable and that consequently my sympathy itself was undesirable?[104]

This scenario demonstrates a situation in which we may wish to criticize the other's end. We may wish to deny that what the agent takes to be in his interest is truly in his interest. We need to consider possible ways by which we could make and justify the claim that what an agent takes to be in his interest is not truly in his interest.

As the one-caring, you are committed to act for the good of the other. As previously stipulated, in order to act for the good of the other, one must first know the good of the other *as it is for the other*. The heroin addict holds that it is in his interest to obtain heroin. If we accept a wholly subjectivist account of what is in one's interest, we must then accept the legitimacy of the heroin addict's end and proceed accordingly. However,

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[103] Philip Mercer, *Sympathy and Ethics*, 100.

we may believe that the heroin addict is mistaken about his true interests. We may think that drug addictions detract from rather than promote a person's welfare. Inasmuch as Care concerns itself with promoting the other's welfare, supporting the drug habit may be antithetical to the aims of caring.

In a pure agent-based framework we are not permitted an independent account of the good life against which to measure the ends of another. While we do not have a conception of the good life that is independent of the virtues, we do have a list of moral and rational virtues. Further, we are told that the elements of a good life exhibit or express these virtues. From this we can infer that if one aims at something in such a way that it violates a virtue, then this detracts from rather than promotes the good life. If care is a concern that the other have a full and good life, then care is a concern that the other instantiate the virtues – both moral and rational. If it is apparent that the ends of the other violates a virtue, then this provides the grounds to hold that what the other takes to be in his interest is not truly in his interest. We can thereby criticize the ends of others by reference to virtues alone rather than by reference to an independent account of the good life. This, then, allows us to assess the ends of others within a pure agent-based framework.

While this line of argument seems promising, it is not consistent with Slote's overall theory. Slote gives an account of how virtues relate to wellbeing. He wants to develop a form of elevationism that does not posit a strict coincidence between wellbeing and

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[104] Ibid., 99.

virtue. He considers two options. First is Aristotelian elevationism. Aristotelian elevationism holds that something can count as an element in our wellbeing only if it can be obtained consistently with being virtuous.[105] If we accept this form of elevationism, then the suggestion that we could criticize the end of the other by showing that it violates a particular virtue may hold sway. However, Slote rejects this form of elevationism because it entails that pleasures a vicious person obtains through being vicious are no part of her good. This, he thinks, is misguided. He suggests that our outrage at such happily vicious people is a result of the goods they receive from being vicious.[106] The second option, which Slote advocates, is a form of Platonic elevationism. This position holds that every element of human wellbeing must be compatible with or involve at least some part of virtue or one or another particular virtue.[107] This allows us to deny that virtue and wellbeing coincide. It also allows us to hold that a pleasure incompatible with virtue as a whole might still count as part of someone's wellbeing as long as it bore an appropriate relation to some particular virtue or part of virtue.[108] If we accept Slote's formulation of Platonic elevationism, we are effectively denied the means by which to criticize the heroin addict's seemingly misguided ends.

The heroin obtained for the heroin addict represents a good for that person. Heroin is best understood as an appetitive pleasure. Following Slote's Platonic elevationism, if the heroin addict exhibits the virtue of non-insatiability in his use of heroin, it can then be understood as a good for the addict. The heroin addict's desire for heroin does not

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[105] Michael Slote, *Morals From Motives*, 152.
[106] Ibid.
[107] Ibid., 155.
[108] Ibid., 155.

represent an insatiable desire. An insatiable desire, according to Slote, is one where, "the appetite seeks satisfaction from its object(s), but such satisfaction must remain forever at a distance."[109] This is not descriptive of the structure of the heroin addict's desire for heroin. When the heroin addict receives his 'fix', he is satisfied – for the time being. The fact that the desire will recur does not mean the desire is insatiable. To clarify this, we can draw an analogy with normal desires for food and water. A person is hungry and thirsty. Upon consumption of a sufficient amount of food and drink one is satisfied. This desire will recur, but that does not mean it is insatiable. As long as the heroin addict shows moderation or non-insatiabililty in his enjoyment of the heroin, the heroin is a good for him.

If we accept both the list of moral and rational virtues provided by Slote and Platonic elevationism, then we must also accept that heroin is a good for the heroin addict. Since care aims at the promotion of the other's good, and since acquiring heroin is a good for the addict, then it seems to follow that the one-caring ought to procure the heroin for the addict.[110] It could be conceded that heroin is a good for the addict. However, it does not follow from this that we need to accept the ends of the addict. It could be argued that because the elements of the good life are plural there may be incompatibility between certain goods. As such, some goods must be chosen at the expense of others. So we could concede that heroin is a good for the addict, but the addict is nevertheless misguided in pursuing this end because there are other worthier ends he could pursue.

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[109] Ibid., 173.

[110] If obtaining heroin for your friend would possibly or likely result in negative repercussions to yourself such as losing your job, or being sentenced to a jail term, then, by appeal to self-concern, you would not be requried to act in such a way as to promote what your friend takes to be in his interest.

This line of argument suggests that there may be many goods one could pursue, but that one ought to pursue the best or maximal set of goods.

Again, this line of argument is not consistent with Slote's overall theory. Slote's account is not a maximizing account. We can recognize both that the heroin is a good for the addict, and that the addict would be better off without the heroin addiction. The fact that the heroin addict might be better off (i.e. be able to realize more of the moral and rational goods) without the heroin is not sufficient reason to hold that the agent is misguided about what is in his interest. A concern for a full and good life is not a concern that one lead the best life one could possibly live. Thus, as long as the addict partakes in enough of the other virtues and realizes enough other goods, then the fact that his life might be *better* without the addiction does not provide sufficient grounds to reject or criticize his ends.

We want to be able to care for others and, at the same time, be able to reject or criticize their misguided ends. It seems that one whose aim is to obtain heroin has a misguided end. Yet, if we accept Slote's virtues, Platonic elevationism, and non-maximization, we are unable to criticize the end of the heroin addict. There are several paths we could take at this juncture. First, we could reconsider the merits of Aristotelian elevationism. If we accept Aristotelian rather than Platonic elevationism we could then hold that if an act violates any of the virtues, it is not part of a person's good. We would then be required to show which virtue using heroin violated, and if we could do this, we could then say that the heroin addict is misguided about what is in his interest. However, it is not clear

which virtue using heroin violates – a greater story would need to be told about how using heroin does, in fact, violate a given virtue. Even if such a story could be told, we would have to address Slote's concerns about Aristotelian elevationism. He finds it implausible that the pleasures a vicious person achieves through being vicious are no part of her good.[111] If virtue and wellbeing must always be connected, then there is no way to render intelligible that the personal evils a virtuous person suffers detracts from her wellbeing.[112] Our second option is to agree that using heroin is a good for the addict and we need to retrain any contrary intuitions. This means that we have failed to find a way to hold that one can be wrong about what is in one's interest beyond showing that one's stated interest does not exhibit any virtue or part thereof. This is not satisfactory. Third, we could hold that because we have this strong intuition that providing the heroin addict with heroin is not in his interest, we must find a way to accommodate this intuition. This is the best course of action. The heroin addict's desire for heroin is not the only misguided end we could encounter. If we are to be effectively caring agents we require a means by which to assess the ends of others.

One way to make the claim that people can be mistaken about what is in their best interest requires reconsidering the merits of a pure agent-based framework. Following a pure agent-based framework, assessment of any act or choice is determined solely by reference to internal states of the agent. This precludes us from assessing the objects at which the state is directed independent of the state itself. While this does not pose a grave problem for the moral virtue of care, it does pose serious problems when dealing

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[111] Michael Slote, *Morals From Motives*, 154.
[112] Ibid., 154.

with the rational virtues. When care was proposed as the intuitively plausible basis for an ethical theory, the relevant sort of care was care for persons. Limiting the scope of morally relevant care to care for persons circumscribed the object of the internal state in such a way that it could not have morally disastrous results. The object of the internal state is persons. If we accept that persons, by virtue of being persons, are of moral worth, then care defined as concern for persons cannot be misguided or suspect in any way. When we move to the rational virtues, however, there is no limitation on the objects toward which the internal states are directed. Further, it seems that our approbation or condemnation of an act or choice is, in part, a function of the object at which the state aims rather than solely a function of the state itself. The state of appetitive desires illustrates this. Let us revisit our friend addicted to heroin. Our antipathy towards obtaining heroin as a legitimate end for the addict is a function of heroin's being an improper object of desire. The desire the heroin addict has for heroin differs little from ordinary desires for food and water. There is nothing criticizable about the desire-satisfaction structure itself. It is irrelevant that one can display a virtue in how one expresses one's desire and satisfaction thereof. What matters is that heroin is not something one should desire in the first place. It is the fact that the desire is directed towards the wrong thing that generates criticism. The internal states, themselves, do not provide us with the means to delimit the proper objects at which they aim. As such, we must appeal to something other than the internal states to determine what are and what are not the proper objects of certain internal states. This, then, raises the question 'how do we determine the proper objects of internal states?' This could be addressed by looking at the kind of creatures we as humans are and what sorts of things are conducive

to a full and good human life. This account would then be an independent account of the good life. It is this that might provide us with the means to assess the ends of others. We need to invoke some account of the full and good human life that will serve to delimit proper objects of desire and provide justification for such delimitation.

Not only would an account of the full and good human life aid in determining the proper objects of internal states, it also coheres with the definition of care. Care is a concern for the welfare of others; it is a concern that the other lead a full and good life. If we are concerned that the other lead a full and good life, we must have some idea of what a full and good life is. Groenhout claims, "Caring, like virtue, is an inherently teleological practice, and cannot be considered apart from the ultimate goal of the practice.[113] To care, then, requires an understanding of the goal of the practice which is a full and good human life.

Much work remains to be done in determining the components of a full and good human life. However, initially I am inclined to accept that there are many different kinds of full and good lives. The substantive content of such lives will differ greatly from each other. Thus, in caring for others we must know and understand the substantive content of their view of the good life. Much of this understanding will come from an intimate knowledge of the other obtained by undergoing the process of motivational displacement. This will, in part, determine what is in another's interest. However, we must reject a wholly subjectivist account of what is in one's interest since there are occasions where one can

[113] Ruth Groenhout, "Care Theory and the Ideal of Neutrality in Public Moral Discourse," 174.

be wrong about what is in one's interest. In order to make this claim we need a general account of what a good life is or what sorts of things a good life would include. Such an account would provide a general framework that identifies components of a good life. However, the substantive content of the life must be determined by the agent herself. It is only when the substantive content of one's life or one's aims violates features of the general framework that we can claim that this person is mistaken about what is in her interest.

For Slote, care is, itself, ethically good and, as such, is a legitimate basis or starting point for an ethical theory. I suggest that we need to take that at which care aims – namely, the good life – to be the starting point for ethical theory. This neither denies Slote's intuition that care is good nor rejects a methodology that uses an intuition as a starting point. We need to start somewhere and there will always be limits to justification. However, it does not follow that intuitions can never be justified by reference to something else. In the case of care, it is probable that the intuition that care is good is derived from the integral role it plays in many, if not all, good lives. If this is the case, then it is the good life that is conceptually basic and it is this that needs to be examined further.

If we accept that the full and good life is conceptually basic, then we must reject attempts to develop pure agent-based ethical theories. A pure agent-based account derives ethical judgments solely from the internal states of agents. Since a general conception of the full and good human life is external to the motivational states of individual agents, pure agent-basing is incompatible with taking the good life as conceptually basic. This is not

to deny that the inner states of agents may be important in moral evaluation. Motives are important, but they cannot be the only consideration in ethical theory. If we invoke a conception of the full and good human life as the external criteria against which internal states of the agent are to be measured, then whatever kind of theory is subsequently developed, it will not be a pure agent-based account. However, a desire to develop a certain *kind* of theory should not override considerations of the plausibility of the theory itself.

8 Conclusion

In *Morals From Motives*, Michael Slote argues that care, conceived as an inner motivational state of the agent, can provide the basis for a pure agent-based ethical theory. By examining some of the key features of Slote's theory, we have come to a better understanding of the nature of care, and its potential significance in ethical theory. While I have argued that ultimately we need some external criteria against which to measure internal motivational states of the agent, this does not negate the importance of caring to ethical theory. Instead of understanding care as the intuitively plausible basis for an ethical theory, care must be understood as important by reference to the role it plays in many, if not all, good lives. While I disagree with Slote as to the proper place of care in ethical theory, much has been gained by analyzing the features and structure of care. If, as I have claimed, caring is an important component of any good life, then we now have greater clarity regarding the nature of one of the components of a full and good human life. Thus, the foregoing analysis has not all been for naught. However, there remain many open questions and much theoretical ground to be covered.

Claiming that ethical theory needs to examine what it is to have a full and good human life is neither a simple and straightforward 'solution' nor a novel one. Much literature has been generated on this subject. There exist numerous different accounts of what a good life consists in. An examination of these accounts will raise many questions such as, 'why are these goods on the list and not others?' There will also be problems if we accept a pluralist account of goods since sometimes we must forsake one kind of good in order to realize another. A similar problem will occur when we recognize that one may only be able to realize one's good at the expense of the good of another. We will need some way to make sense of all this. Also, if we are taking the good life as the basis for ethical theory, we must address Slote's worry that there are some features of a good life that seem to lack a moral quality such as one being in good health through no effort of one's own. Further, it is not clear where virtues will fit into this scheme. As such, virtue ethics may or may not be the brand of virtue theory we wish to adopt. Claiming that we must work out a general account of the full and good human life leads us into rough terrain. However, this is worthwhile despite the difficulties that will inevitably be encountered.

Shifting the focus of ethical theory from discrete acts of the agent to a broader understanding of a full and good human life allows us to reframe ethical dilemmas. Instead of assuming that there is a singular right course of action in every dilemma and attempting to determine what this is, we can now approach the dilemma by asking, 'In this situation, what is most conducive to a full and good human life?' We are no longer

looking for the right thing to do, but rather we are looking for the best thing to do. This will not yield absolute answers of right and wrong. However, this more accurately reflects the nature of ethical dilemmas themselves. When we ask ourselves what is right and what is wrong, we erroneously assume that there is one course of action that is unequivocally good or right. But it is the very nature of many ethical dilemmas that any course of action one takes is cause for regret. Being in the situation itself is indicative of something gone wrong in the life of the agent. One must determine what is the best thing to do given that one is already in an undesirable situation. The best thing to do will be determined by reference to what is involved in leading a full and good human life. Thus, we need to develop a general account of what is involved in such a life. We will continue to struggle with moral dilemmas. The move to shift the focus of ethical theory to the good life does not dissolve moral dilemmas. It does, however, cast in a different light what it is we are struggling with. That is, we want to know if particular choices or actions are conducive to the living of a full and good human life. Care must play an integral role in this discussion because care motivates us to seek and realize a full and good human life for both ourselves and others. Additionally, caring and being cared for are important goods in most, if not all, full and good human lives.

Bibliography

Allmark, P. "Can There be an Ethics of Care?" *Journal of Medical Ethics* 21 (1995): 19-24.

Anscombe, Elizabeth. "Modern Moral Philosophy" in *20th Century Ethical Theory.* Edited by Steven M.Cahn and Joram G. Haber. New Jersey: Prentice Hall, 1995. 351-364.

Aristotle. 'Nicohmachean Ethics.' in *Introduction to Aristotle.* Edited by Richard McKeon. Translated by W. D. Ross. New York: Random House, 1947.

Baier, A. "Caring about Caring: A reply to Frankfurt." *Synthese* 53 (2) (1982): 273-290.

Baron, M. "Varieties of Ethics of Virtue." *American Philosophical Quarterly* 22 (1) (1985): 47-53.

Benner, Patricia. "A Dialogue Between Virtue Ethics and Care Ethics." *Theoretical Medicine* 18 (1-2) (1997): 47-61.

Blum, L.A. *Friendship, Altruism and Morality.* London: Routledge and Kegan Paul, 1980.

Blustein, Jeffrey. *Care and Commitment: Taking the Personal Point of View.* New York: Oxford University Press, 1991.

Boyer, Jeannine Ross and James Lindemann Nelson. "A Comment on Fry's 'The Role of Caring in a Theory of Nursing Ethics.'" *Hypatia* 5 (3) (1990): 153-158.

Brown, R. *Analyzing Love*. Cambridge: Cambridge University Press, 1987.

Cahn, Steven M. and Joram G. Haber (eds). *20th Century Ethical Theory.* New Jersey: Prentice Hall, 1995.

Card, Claudia. "Caring and Evil." *Hypatia.* 5 (1) (1990): 101-108.

Carse, Alisa L. "Impartial Principle and Moral Context: Securing a Place for the Particular in Ethical Theory." *Journal of Medicine and Philosophy* 23 (2) (1998): 153-169.

Curzer, Howard J. "Fry's Concept of Care in Nursing Ethics." *Hypatia* 8 (3) (1993): 174-183.

Driver, Julia. "Monkeying With Motives: Agent-Basing Virtue Ethics." *Utilitas* 7 (2) (1995): 281-288.

Driver, Julia. "Moral and Epistemic Virtue." in *Knowledge, Belief, and Character: Readings in Virtue Epistemology.* Edited by Guy Axtell. Lanham: Rowman & Littlefield, 2000. 123-134.

Foot, Philippa. *Virtues and Vices and Other Essays in Moral Philosophy.* Berkeley: University of California Press, 1979.

Foulk, Gary J. and M. Jan Keffer. "Rationality and Principles: A Criticism of the Ethic of Care." *International Journal of Applied Philosophy* 7 (1) (1992): 15-19.

Frankfurt, Harry. "The Importance of What We Care About." *Synthese* 53 (2) (1982): 257-272.

Fry, Sara T. "The Role of Caring in a Theory of Nursing Ethics." *Hypatia* 4 (2) (1989): 88-103.

Geach, P. *The Virtues.* Cambridge: Cambridge University Press, 1977.

Gilligan, Carol. *In A Different Voice: Psychological Theory and Women's Development.* Cambridge: Harvard University Press, 1982.

Groenhout, Ruth. "Care Theory and the Ideal of Neutrality in Public Moral Discourse." *Journal of Medicine and Philosophy* 23 (2) (1998): 170-189.

Held, Virginia. (ed). *Justice and Care.* Boulder: Westview Press, 1995.

Hoagland, Sarah Lucia. "Some Concerns About Nel Noddings' Caring." *Hypatia* 5 (1) (1990): 109-114.

Houston, Barbara. "Caring and Exploitation." *Hypatia* 5 (1) (1990): 115-119.

Hume, D. *An Enquiry Concerning The Principles of Morals.* Edited by J.B. Schneewind. Indianapolis: Hackett Publishing Company, 1983.

Hursthouse, Rosiland. *On Virtue Ethics.* Oxford: Oxford University Press, 1999.

Hursthouse, Rosiland, "Normative Virtue Ethics." in *How Should One Live?: Essays on the Virtues.* Edited by Roger Crisp. Oxford: Oxford University Press, 1996.

Jecker, Nancy S. and Donnie J. Self. "Separating Care and Cure: An Analysis of Historical and Contemporary Images of Nursing and Medicine." *The Journal of Medicine and Philosophy* 16 (1991): 285-306.

Kuhse, Helga. "Clinical Ethics and Nursing: 'Yes' to Caring but 'No' to a Female Ethics of Care." *Bioethics* 9 (3-4) (1995): 207-219.

Little, Margaret Olivia. "Care: From Theory to Orientation and Back." *Journal of Medicine and Philosophy* 23 (2) (1998): 190-209.

Loewy, Erich. "Care Ethics: A Concept in Search of a Framework." *Cambridge Quarterly of Healthcare Ethics* 4 (1) (1995): 56-63.

Loewy, Erich. "Developing Habits and Knowing What Habits to Develop: A Look at the Role of Virtue Ethics." *Cambridge Quarterly of Healthcare Ethics* 6 (1997): 347-355.

Louden, Robert B. "On Some Vices of Virtue Ethics." in *Virtue Ethics.* Edited by Roger Crisp and Michael Slote. New York: Oxford University Press, 1997.

MacIntyre, Alasdair. *After Virtue.* London: Duckworth, 1985.

Mayeroff, Milton. *On Caring.* New York: Harper and Row, 1971.

Mercer, Philip. *Sympathy and Ethics.* Oxford: Oxford University Press, 1972.

Nagel, Thomas. "Moral Luck." in *20th Century Ethical Theory.* Edited by Steven M. Cahn and Joram G. Haber. New Jersey: Prentice Hall, 1995. 573-582.

Nelson, Hilde. "Against Caring." *Journal of Clinical Ethics* 3 (1) (1992): 8-15.

Noddings, Nel. "A Response." *Hypatia* 5 (1) (1990): 120-126.

Noddings, Nel. *Caring: A Feminine Approach to Ethics and Moral Education.* Berkeley: University of California Press, 1984.

Noddings, Nel. "In Defense of Caring." *Journal of Clinical Ethics* 3 (1) (1992): 15-18.

Oakley, J. "Varieties of Virtue Ethics." *Ratio* 9 (1996): 128-152.

Pence, Gregory E. "Recent Work on Virtues." *American Philosophical Quarterly* 21 (4) (1984): 281-297.

Pincoffs, E. "Quandary Ethics." *Mind* 80 (1971): 552-571.

Pincoffs, E. *Quandaries and Virtues.* Lawrence: University of Kansas Press, 1986.

Putman, Daniel. "Relational Ethics and Virtue Theory." *Metaphilosophy* 22 (3) (1991): 231-238.

Putman, Daniel. "Virtue and the Practice of Modern Medicine." *The Journal of Medicine and Philosophy* 13 (1998): 433-443.

Rand, Ayn. "The Ethics of Emergencies" in *The Virtue of Selfishness*. New York: New American Library, 1964.

Rawls, J. *A Theory of Justice*. Cambridge: Harvard University Press, 1971.

Santas, Gerasimos X. 'Does Aristotle Have a Virtue Ethics?' in *Virtue Ethics: A Critical Reader*. Edited by Daniel Statman. Washington: Georgetown University Press, 1997. 280 – 285.

Schneewind, Jerome. "The Misfortunes of Virtues." in *Virtue Ethics*. Edited by Roger Crisp and Michael Slote. New York: Oxford University Press, 1997.

Schultz, Dawson, S. and Franco A. Carnevale. "Engagement and Suffering in Responsible Caregiving: On Overcoming Maleficience in Health Care." *Theoretical Medicine* 17 (3) (1996): 189-207.

Shogan, Debra. *Care and Moral Motivation*. Toronto: OISE Press, 1988.

Slote, Michael. "From Morality to Virtue" in *Virtue Ethics: A Critical Reader*. Edited by Daniel Statman. Washington: Georgetown University Press, 1997. 128-144.

Slote, Michael. *Morals From Motives*. Oxford: Oxford University Press, 2001.

Slote, Michael. "Some Advantages of Virtue Ethics" in *Identity, Character and Morality: Essays in Moral Psychology*. Edited by Owen Flanagan and Amelie Oksenberg Rorty. Cambridge: MIT Press, 1990.

Statman, Daniel (ed). *Virtue Ethics: A Critical Reader*. Washington: Georgetown University Press, 1997.

Tong, Rosemarie. "The Ethics of Care: A Feminist Virtue Ethics of Care for Healthcare Practitioners." *Journal of Medicine and Philosophy* 23 (2) (1998): 131-152.

Trianosky, Gregory W. "Supererogation, Wrongdoing and Vice: On the Autonomy of the Ethics of Virtue." *Journal of Philosophy* 83 (1) (1986): 26-40.

Trianosky, Gregory Velazco y. "What is Virtue Ethics All About?" in *Virtue Ethics: A Critical Reader*. Edited by Daniel Statman. Washington: Georgetown University Press, 1997. 42-55.

Tronto, Joan C. "Women and Caring: What Can Feminists Learn About Morality From Caring?" in *Justice and Care: Essential Readings in Feminist Ethics*. Edited by Virginia Held. Boulder: Westview Press, 1995. 101-115.

Van Hooft, S. "Bioethics and Caring." *Journal of Medical Ethics* 22 (1996): 83-89.

Veatch, Robert M. "The Danger of Virtue." *The Journal of Medicine and Philosophy* 13 (1988): 445-446.

Veatch, Robert M. "The Place of Care in Ethical Theory." *Journal of Medicine and Philosophy* 23 (2) (1998): 210-224.

Vezeau, Toni M. "Caring: From Philosophical Concerns to Practice." *The Journal of Clinical Ethics* 3 (1) (1992): 18-20.

Wallace, James D. *Virtues and Vices*. London: Cornell University Press, 1978.

Watson, Gary. "On The Primacy of Character." in *Virtue Ethics: A Critical Reader*. Edited by Daniel Statman. Washington: Georgetown University Press, 1997. 56-81.